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MATERNAL & CHILD HEALTH NEEDS ASSESSMENT

HEALTH SERVICES DIVISION
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
APRIL 1982

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MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT

HEALTH SERVICES DIVISION
MONTANA DEPARTMENT OF HEALTH
AND ENVIRONMENTAL SCIENCES

APRIL 1982

This report was prepared under contract by Sheryl Motl for the Montana Department of Health and Environmental Sciences.

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TED SCHWINDEN, GOVERNOR

COGSWELL BUILDING

STATE OF MONTANA

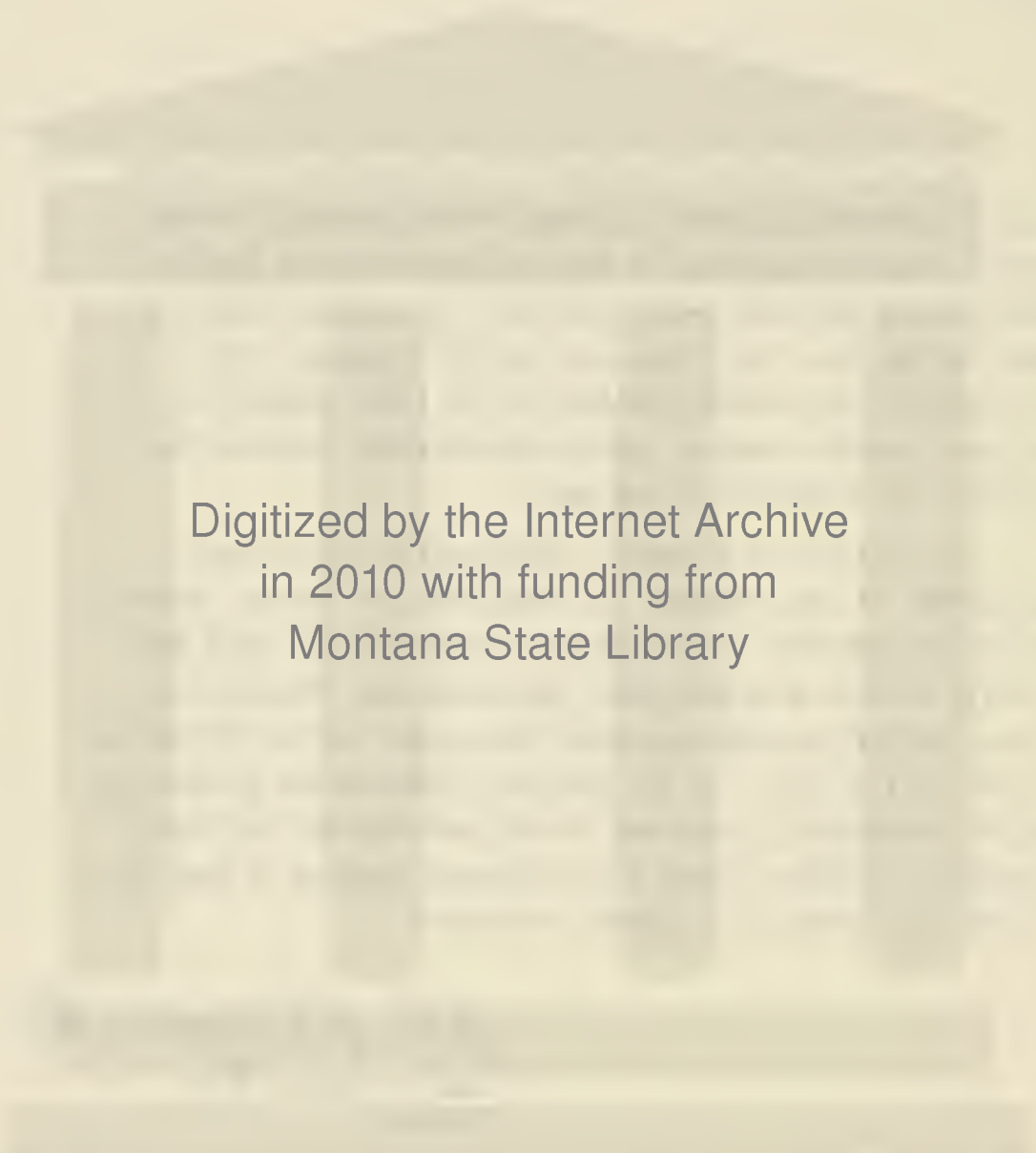
HELENA, MONTANA 59620

The Health Services Division of the Department of Health and Environmental Sciences has been serving Montana for many years. The only guidance we have had regarding the types of programs and services being directed to the entire state has been coming from limited sources: special requests being initiated by the health providers in the local communities; personal contacts made at state-wide meetings; responses to Requests for Proposals in the past.

The need for an accurate, comprehensive, up-to-date assessment is long overdue. In these times of reduced funding for health programs,it is even more important that state and federal dollars be placed where the needs are. Recognizing this, the Division has undertaken this major task which started in the fall of 1981. It has now been completed and we hope the efforts expended, as provided in this publication, will make possible significant short and long-range planning to meet the health care needs of the people of Montana.

John J. Drynan, M.D.

John J. Drynan, M.D.
Director



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FOREWORD

In recent years there has been an increasing sensitivity to the service needs of the community and a concomitant effort by human service providers to respond more effectively to those needs. Increasingly, the evaluation of service needs has been viewed as an integral and essential part of a wide range of service programs funded by public monies.

One major impetus for this increased sensitivity to community needs has been the burgeoning of public participation in policy making in recent years. Federal and state laws are now mandating the solicitation and consideration of public comment prior to governmental decision-making.

In addition to legislation, human service agencies have begun to experience the impact of severe budget cuts. As government funds diminish, agencies are turning their fiscal attention to setting priorities for its resources and evaluating existing programs and service demands.

Even more important, however, is the imperative for any human service agency to possess information about the community that it serves. Prior to eliminating gaps and redundancies in its service and its resources, the diffuse and interrelated needs of the community must be understood. Without reliable and valid information about the community, effective planning, structuring, and evaluation of programs is more difficult and the value of programs is clearly reduced.

The Health Services Division of the Department of Health and Environmental Sciences sought such an evaluation in the fall of 1981 to assess the health care service needs of Montana's women and children. What was known about the state's women and children; their health status, service needs, and patterns of care? What health care do they receive and what health resources are available to them? What gaps and needs in medical services do the providers of public health services see for the population? How well do existing programs serve these needs? These are some of the broad questions that were formulated by the Needs Assessment Steering Committee of the Health Services Division in preparation for a formal needs assessment.

Representatives from the Maternal and Child Health Bureau, the Dental Bureau, and Preventive Health Bureau within the Health Services Division met during the summer to formulate a plan for a needs assessment. The following mandate for the project was set:

> "The needs assessment will identify the health needs of women, infants, and children in Montana. It will take into account the perspectives of both the state and local communities. The assessment will determine the specific location of health needs. It will determine the relative seriousness of each need and will suggest a priority of action after considering the needs and its potential response to attack. Present programs will be evaluated in relation to the assessment of needs and programs with lesser impact will have a lower priority. The assessment will allow for more effective spending of available funds for the health care needs of women and children."

The foremost goal of the needs assessment was to identify unmet health care needs of women and children and to locate "service gaps" in the provision of those health care services. The idea of the study was to look at the "generic" health needs of

women and children irrespective of program lines. Other studies have approached this subject but have stopped short of expanding beyond program lines or from zeroing in on a specific population, in this case, women and children. The intent of the assessment did not involve ranking specific programs against one another.

The study was also to be conducted statewide. Other studies had been conducted on regional levels, using different strategies and methodologies, making a statewide evaluation impossible.

To obtain a comprehensive overview of the health needs of women and children in the state, input was sought from three sources. First, a telephone survey of 250 Montana women was conducted to solicit evaluation information from the consumers of maternal and child health services. Second, a survey of the providers of maternal and child health services in the public sector was conducted simultaneously to gather information about the maternal and child health services throughout the state. Local health officers and public health nurses in every county were contacted. The third part of the field work consisted of gathering secondary data to identify the location and severity of various types of problems and the location and concentration of services designed to address those problems.

INTRODUCTION

The world of mothers and children is so broad that nearly every aspect of life on earth has a direct impact on their lives. To consider the health care needs of women and children is almost as encompassing. To think of health as the total well being of the whole person opens up an entire universe of issues and topics to be considered. Health care for women and children is not limited to the traditional aspects of public health - such as preventive care, sound nutrition, provision of care for the medically needy, and health education. Health care for women and children also encompasses mental health, family life education, alcohol and drug abuse counseling, acute medical care, rehabilitation services, long-term care, and services for the population of women and children that are outside the mainstream of life.

For the purposes of this needs assessment, the scope of health care for women and children was limited to those areas within the traditional field of public health and even more specifically, to health concerns currently being focused upon by the State Department of Health and Environmental Sciences. This reduction in scope is in no way meant to limit the definition of necessary health care to the topics presented. The goal of any human service should be to deal with the whole person, the whole situation, and ultimately, the whole society.

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ACRONYMS

AFDC	Aid to Families With Dependent Children
CCFP	Child Care Food Program, also known as Child Nutrition Program
C & Y	Children and Youth Project in Lewis and Clark County
HCS	Handicapped Children's Services
IHS	Indian Health Service
IPO	Improved Pregnancy Outcome project
MCH	Maternal and Child Health Bureau
M & I	Maternal and Infant Project in Yellowstone County
SDHES	State Department of Health and Environmental Sciences
WIC	Special Supplemental Food Program for Women, Infants, and Children
WCC	Well Child Clinics

CHAPTER I

SUMMARY OF THE RECOMMENDATIONS

Leadership is the single word that best describes the recommendations to the State Department of Health and Environmental Sciences in this report. Leadership -- in setting examples, in advocating change, in establishing directions, in possessing expertise and providing assistance -- is the single greatest service SDHES can provide for the betterment of health for women and children in Montana.

Montana State Government, like the federal government, is at a turning point in its provision of services to the people. As roles are being redefined and the allocation of resources reorganized, SDHES should be reaching for a leadership position in its service to women and children of our state.

The following is a summary of the problems and subsequent recommendations identified in the assessment of health care needs of Montana's women and children. Each identified problem is briefly explained, followed by a recommendation for action by SDHES or one of its programs. The reader should bear in mind in reviewing this brief summary that the 280 plus pages following this first chapter provide detailed explanations and documentation for each need which is addressed.

Statement of Problem:

1. Local health departments are the primary providers of public health services and consequently are presently feeling, or will soon be feeling, the pressing needs for increased services at a time of dwindling resources;

2. Local health departments, particularly those staffed by the lone public health nurse, may need assistance in managing their programs as the demands on them are increased;

Therefore it is recommended that SDHES:

PROVIDE TRAINING OPPORTUNITIES FOR LOCAL HEALTH DEPARTMENTS IN IDENTIFYING ALTERNATIVE RESOURCES WITHIN THEIR COMMUNITIES AND DEVELOPING A MANAGEMENT SYSTEM THAT ALLOWS THEM TO SET PRIORITIES FOR USE OF THEIR EXISTING RESOURCES.
Chapter II, Financial Barriers

Statement of Problem:

1. Television was listed overwhelmingly in the survey of Montana women as the best means with which to inform consumers of the services of the county health departments;

2. Few Montana communities have access to local television stations from which to promote their local services;

Therefore it is recommended that SDHES:

ASSIST THE COUNTY HEALTH DEPARTMENTS IN MAKING PEOPLE AWARE OF THE HEALTH DEPARTMENTS AND THE SERVICES THEY PROVIDE, BY WORKING WITH ALL LOCAL TELEVISION STATIONS IN STATEWIDE GENERAL PROMOTION SPOTS.
Chapter II, Informational Barriers

Statement of Problem:

1. Cost of services was listed overwhelmingly as the greatest barrier to health care in both the survey of Montana women and the survey of the public health providers;

2. Complicating the financial barrier in many cases is inadequate public and private insurance coverage for maternal and child health services;

3. The issue of adequate insurance coverage for maternal and child health services, including preventive care, must be brought into the public arena for debate;

Therefore, it is recommended that SDHES:

SERVE AS AN ADVOCATE AND LOBBYIST FOR INCREASED INSURANCE COVERAGE FOR MATERNAL AND CHILD HEALTH SERVICES.
Chapter II, Financial Barriers

Statement of Problem:

1. Prenatal education, outside of the physician's office, is not available in every county;

2. Prenatal education offered by a local health department can serve to enhance and compliment the services provided by the private physician;

Therefore, it is recommended that SDHES:

ASSIST LOCAL HEALTH DEPARTMENTS IN WORKING WITH PRIVATE PHYSICIANS AND COUNTY COMMISSIONERS IN THE ESTABLISHMENT OF A PRENATAL PROGRAM.
Chapter III, Prenatal Care

Statement of Problem:

1. Non-reservation Native Americans have significantly more deaths than reservation Native Americans in the neonatal period for infants weighing more than 2,500 grams at birth;

2. For some Native American women, the transition away from reservation living and the support and IHS facilities it provides, to urban living and urban health care systems is difficult;

Therefore, it is recommended that SDHES:

WORK WITH THE URBAN NATIVE AMERICAN GROUPS AND OTHER LOCAL ORGANIZATIONS TO ERODE THE CULTURAL BARRIERS THAT EXIST FOR NATIVE AMERICAN WOMEN SEEKING HEALTH CARE.

IN ADDITION, IT IS RECOMMENDED THAT SDHES SUPPORT THE EXISTING URBAN INDIAN HEALTH CLINICS IN SEEKING FUNDS FOR PRENATAL CARE FOR NATIVE AMERICAN WOMEN WHO HAVE RECENTLY LEFT THE RESERVATION.
Chapter III, Prenatal Care

Statement of Problem:

1. Without the option of transporting high risk women to higher level medical centers or provision of needed laboratory or x-ray services, both the maternal and infant death rate could be expected to increase;

2. Most individuals and counties would be unable to finance this needed service;

Therefore, it is recommended that SDHES:

ASSURE CONTINUED STATEWIDE FUNDING FOR THE TRANSPORTS OF HIGH RISK LOW INCOME WOMEN AND INFANTS.
Chapter III, Prenatal Care

Statement of Problem:

1. The inability of low income women to pay for prenatal services, as reported by several counties, is increasing;

Therefore, it is recommended that SDHES:

WORK TO ACTIVELY ATTRACT LICENSED NURSE MIDWIVES AND NURSE PRACTITIONERS FROM OTHER PARTS OF THE COUNTRY TO BE AVAILABLE FOR HIRE BY THE MEDICAL COMMUNITY THROUGHOUT MONTANA.

IN ADDITION, SDHES SHOULD INVESTIGATE THE FEASIBILITY OF ESTABLISHING PRENATAL CLINICS IN AREAS OF HIGH CONCENTRATIONS OF LOW INCOME WOMEN AND CERTAIN RURAL AREAS. ONE POSSIBLE SOURCE OF SUCH SERVICE TO BE EXPLORED IS THE LINKAGE OF PRENATAL SERVICES WITH EXISTING FAMILY PLANNING PROGRAMS.
Chapter III, Prenatal Care

Statement of Problem:

1. Twenty percent of Montana women who gave birth in 1980 did not start prenatal care until after the first trimester;

Therefore, it is recommended that SDHES:

MAKE A CONCERTED EFFORT IN CONJUNCTION WITH OTHER STATE AGENCIES TO INFORM ALL WOMEN OF THE NEED FOR EARLY PRENATAL CARE.
Chapter III, Prenatal Care

Statement of Problem:

1. Local WIC programs may need the assistance of trained nutritionists in identifying and counseling high risk women to permanently change their nutritional patterns.

Therefore, it is recommended that SDHES:

MOVE TOWARD REGIONALIZATION OF THE SERVICES OF NUTRITIONAL CONSULTANTS, THEREBY MAKING THEM MORE AVAILABLE TO ALL LOCAL WIC PROGRAMS.
Chapter III, Prenatal Care

Statement of Problem:

1. Family Planning Programs have been shrouded in controversy even prior to the inception of the program. This controversy has often made it difficult to achieve acceptance of a new program in a community and has both restricted and threatened funding of the programs;

2. The subject of abortion is even more controversial than family planning;

Therefore, it is recommended that the:

STATE FAMILY PLANNING PROGRAM AVOID ANY APPEARANCE OF AN ASSOCIATION WITH ABORTION IN CONTRACTING WITH PRIVATE FAMILY PLANNING PROGRAMS CURRENTLY PERFORMING ABORTIONS. REQUIRING SEPARATE FACILITIES AND ADVISORY BOARDS FOR PROGRAMS ASSOCIATED WITH ABORTION MAY BE ONE MEANS OF ACHIEVING THIS.
Chapter III, Family Planning

Statement of Problem:

1. The urban Native American family planning outreach project is designed to meet the special needs of a special clientele;

Therefore, it is recommended that:

THE OUTREACH WORKERS FOR THE PROGRAM BE NATIVE AMERICAN WOMEN WHENEVER POSSIBLE.
Chapter III, Family Planning

Statement of Problem:

1. Seventeen counties reported that the public health nurses provided family planning counseling on an individual basis. These are counties without established family planning clinics or satellite services;

Therefore, it is recommended that the:

STATE FAMILY PLANNING PROGRAM PROVIDE SPECIAL TRAINING OPPORTUNITIES, EDUCATIONAL MATERIALS, AND UPDATES TO THE PUBLIC HEALTH NURSES IN COUNTIES WITHOUT A FORMALLY ESTABLISHED FAMILY PLANNING CLINIC.
Chapter III, Family Planning

Statement of Problem:

1. There exists in Montana a disarray of availability and accessibility to immunizations. Not all persons have equal access to free or reduced cost immunizations, which is assumed to be the intent of the federal program;

Therefore, it is recommended that the:

STATE IMMUNIZATION PROGRAM ESTABLISH BASIC POLICIES GOVERNING THE USE AND ACCESS OF VACCINES BY PROVIDERS.

2. A concerted effort to make private providers aware of the free vaccines has not been made since the major immunization initiative of 1977;

Therefore, it is recommended that the:

STATE IMMUNIZATION PROGRAM, IN COOPERATION WITH LOCAL HEALTH DEPARTMENTS, PUBLICIZE THE AVAILABILITY OF THESE VACCINES TO PRIVATE PROVIDERS.
Chapter III, Immunizations

Statement of Problem:

1. Oral hygiene practices and dietary habits in childhood, in combination with preventive and treatment services received as a child, determine to a large degree, the oral health of adults;

2. The fluoridation of water has been characterized as one of the greatest bargains available in health care because of its effectiveness in preventing tooth decay;

3. Only 29 percent of Montana's population are drinking fluoridated water;

4. Over 33 percent of the women surveyed did not see a dentist at least once a year;

Therefore, it is recommended that:

SDHES AND THE LOCAL HEALTH DEPARTMENTS MAKE A JOINT INCREASED EFFORT TO MAKE LOCAL COMMUNITIES AWARE OF THE BENEFITS OF FLUORIDATING THEIR WATER SUPPLY.

IN ADDITION, IT IS RECOMMENDED THAT SDHES CONTINUE A CAMPAIGN TO HAVE THE FLUORIDE RINSE PROGRAM ESTABLISHED AND LOCALLY SUPPORTED IN ALL MONTANA SCHOOLS.
Chapter III, Dental

Statement of Problem:

1. Child abuse and neglect services was listed as the area of greatest need in the survey of Montana women;

2. Eighteen counties reported that the public health nurses were involved in providing some form of counseling or services for child abuse and neglect;

3. The role of the public health nurse in child abuse cases may be not only inevitable but also increasing, as traditional sources of welfare personnel become insufficient;

Therefore; it is recommended that:

SDHES, IN COOPERATION WITH THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES, PROVIDE TRAINING OPPORTUNITIES AND EDUCATIONAL UPDATES IN THE FIELD OF CHILD ABUSE AND NEGLECT FOR LOCAL HEALTH DEPARTMENTS.
Chapter III, Child Abuse and Neglect

Statement of Problem:

1. Although the public health nurses are being notified of a child receiving HCS services in the community, they may not adequately understand the particular needs of the family or child in order to assist that family;

2. Although children in 51 counties received services from HCS, only 26 counties reported doing follow-up services for handicapped children:

Therefore, it is recommended that the:

HCS PROGRAM EVALUATE THE POSSIBILITY OF INITIATING DIRECT REFERRAL AND CONSULTATION TO LOCAL PUBLIC HEALTH NURSES CONCERNING EACH HANDICAPPED CHILD RECEIVING THEIR SERVICES.
Chapter III, Handicapped Children

Statement of Problem:

1. The Maternal and Child Health Bureau does not have rule-making authority as defined by Montana law;

2. The Handicapped Children's Services program, acting under the recommendation of its Advisory Board, has the appearance of arbitrarily establishing a list of conditions for which they provide medical treatment payments;

3. Using this discretion without rule-making authority exposes the State of Montana to possible lawsuits;

Therefore, it is recommended that SDHES:

SEEK, IN EARNEST, THE AUTHORITY GRANTED BY RULE-MAKING POWERS FOR MCH IN THE COMING LEGISLATIVE SESSION.
Chapter III, Handicapped Children's Services

Statement of Problem:

1. Not all local health departments understand the budget policies and decision-making process within the Handicapped Children's Services program;

2. Because of a unique cash flow system within the HCS program, funds are committed on a "first come/first served" basis for medical treatments;

Therefore, it is recommended that the:

HCS PROGRAM DEVELOP A BUDGETING FORMAT WHICH WOULD ALLOW A MORE EQUITABLE DISTRIBUTION OF THEIR FUNDS THROUGH THE YEAR.

IN ADDITION, IT IS RECOMMENDED THAT HCS IMPROVE COMMUNICATIONS WITH LOCAL PUBLIC HEALTH PROVIDERS TO CLARIFY THE POLICIES AND PRACTICES OF THE HCS PROGRAM.
Chapter III, Handicapped Children

Statement of Problem:

1. The health, educational, occupational, and social disadvantages of teenage pregnancy are well documented;

2. Teenage pregnancy was listed as the area of greatest need for expansion in the survey of public health providers;

3. The needs of the pregnant teenager differ dramatically from needs of other pregnant women;

Therefore, it is recommended that SDHES:

ASSIST LOCAL HEALTH DEPARTMENTS IN EXPLORING THE FEASIBILITY OF ESTABLISHING SPECIAL SERVICES FOR PREGNANT TEENAGERS IN EACH COUNTY. ONE IMPORTANT POSSIBILITY TO BE CONSIDERED IS THE ESTABLISHMENT OF A PEER LEADERSHIP/COUNSELING PROGRAM IN EACH COUNTY, COORDINATED BY THE LOCAL HEALTH DEPARTMENT AND LOCAL SCHOOL DISTRICT.
Chapter III, Teenage Pregnancy

Statement of Problem:

1. The health status and language barrier of the refugee population in Montana present new and complex problems for health care providers;

2. The refugee population is now becoming more mobile. Communities outside of Missoula and Ravalli Counties are experiencing difficulties in serving the needs of the refugees;

Therefore, it is recommended that SDHES:

PROVIDE THE COORDINATION OF SPECIAL TRAINING OPPORTUNITIES FOR HEALTH CARE PROFESSIONALS WHO WILL BE PROVIDING SERVICES TO THIS POPULATION. THE INVALUABLE RESOURCE OF THE HEALTH CARE PROFESSIONALS IN MISSOULA AND RAVALLI COUNTIES SHOULD BE UTILIZED IN TRAINING OTHER COMMUNITIES TO MEET THE SPECIAL NEEDS OF THESE NEW MONTANANS.
Chapter VII, Refugees

CHAPTER II

BARRIERS TO HEALTH CARE

Any assessment of health care needs cannot be complete without addressing factors that limit the availability and accessibility of needed health care services. Despite a growing recognition of the importance of health promotion and disease prevention, many financial, informational, and organizational barriers continue to exist in limiting provision of such services. Lack of transportation, location of services, hours of the clinics, attitudes of the personnel, lack of awareness of service, cost of services, lack of a babysitter, and cultural differences were all factors considered as barriers (at least to some extent) to women seeking health services in this needs assessment. Two of these factors, costs of services and lack of awareness, were most prevalent in the needs assessment and will be discussed further.

Financial Barriers

In both the survey of Montana women and the survey of the public health providers, cost of services was listed overwhelmingly as the greatest barrier to health care services. There is a widespread but erroneous assumption that Medicaid has guaranteed access to health care for the poor. Actually, Medicaid in Montana covers only approximately 23 percent of the persons below the federal poverty level. According to a study completed in 1976 by HEW, there were 86,000 persons of the state population of 745,000

who were below the federal poverty level in Montana. This represents 11.5 percent of the entire population of the state. In 1981, the average Medicaid caseload was 19,709 per month. With that average caseload, only 23 percent of the low income population is being served by Medicaid or 2.4 percent of the entire state population.[1]

Complicating the problem of access to health care is that, according to survey of Montana women, 30 percent of the low income women had neither public nor private insurance coverage. In comparison, 14 percent of the women in the survey of all income levels had no form of insurance. (Complete survey results are discussed in Chapter IV.)

Further complicating the financial barrier is that private insurance coverage is inadequate in many cases:

--Less than 30 percent of American children are covered through private insurance for out-of-hospital physician visits;

--Employment-based insurance plans often shortchange coverage for children's needs. Only 15 percent cover children's eyeglasses, 9 percent preventive care, and 32 percent children's dental care;

--More than half of the private insurance plans fail to cover prenatal care, 45 percent exclude postnatal care, 90 percent exclude family planning, and about 50 percent leave major gaps in covering newborns during their first days of life.[2]

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[1]Table 25 Survey of Income and Education Demographic Social and Economic Profile of States, Spring 1976. Bureau of Census, Department of Health, Education, and Welfare.
Source: Montana Department of Commerce.

[2]Better Health for Our Children: A National Strategy. A report of the select panel for the promotion of child health. U.S. Department of Health and Human Services, PHS, DHHS Publication #79-55071, p. 44.

Financial problems, either from the lack of good insurance coverage or no public or private insurance at all, present a major barrier in the accessibility of the health care system to low income people. Without the ability to pay for the necessary health services, preventive or acute care is either not sought or people are forced to use emergency rooms of local hospitals.

BECAUSE OF THE INADEQUACIES IN SOME CASES OF PUBLIC AND PRIVATE HEALTH INSURANCE IN PROVIDING COVERAGE FOR MATERNAL AND CHILD HEALTH SERVICES, IT IS RECOMMENDED THAT SDHES SERVE AS AN ADVOCATE AND LOBBYIST TO EFFECT CHANGE IN THIS AREA. With continued emphasis on self care, wellness, and prevention, it can be argued that the broadening of insurance coverage could not only be cost-effective, but could result in no cost increases as well. The issue of adequate insurance coverage for maternal and child health services must be brought into the public arena for debate. SDHES could serve as the catalyst for that need.

The public health providers should be acutely aware of the major role they must play in providing health care to the people being affected most dramatically in times of fiscal stress. Local health departments are the primary providers of public health services and, consequently, are presently feeling, or will soon be feeling, the pressing needs for increased services at a time of dwindling resources.

Hard questions for hard times need to be addressed. Should public health departments struggle to resist the budget cuts or struggle to minimize their negative effects? Should they adjust their budget by deep gouges or in small decrements? Should they

spread the pain of budget reductions over their entire service population or target where the cuts will be? Should they retain their most efficient and cost effective program at the risk of limiting equitable access to their services?

To begin to answer these questions, a commitment must be made to provide decision-makers with the management skills and expertise to cope with the changes facing their communities. Some communities have already identified alternative resources to assist them in the provision of services. The donations of the people of Custer County enable every diabetic child within their county to attend a special summer camp for diabetic children. Granite County has a committed group of volunteers that assists the public health nurse in notifying people of upcoming special clinics and new programs. Civic groups in Wheatland County operate immunization clinics for their county.

Not all public health needs can be met by volunteers or local resources. Yet, both seem to have been underestimated for the valuable services they can provide within their community. Churches have traditionally been a source of service to their communities and may be underutilized. Statewide and national organizations, such as the United Way or Shriners' Hospitals for Children, provide a tremendous service in their communities. Presentation to these private service groups by state or local leaders could yield an additional resource for the provision of health care needs at local levels.

In the meantime, public health departments, particularly those staffed with the lone public health nurse, may need assistance in managing their programs as the demands on them are increased.

THEREFORE, IT IS RECOMMENDED THAT THE SDHES PROVIDE TRAINING OPPORTUNITIES FOR THE LOCAL HEALTH DEPARTMENTS IN IDENTIFYING ALTERNATIVE RESOURCES WITHIN THEIR COMMUNITIES AND DEVELOPING A MANAGEMENT SYSTEM THAT ALLOWS THEM TO SET PRIORITIES FOR USE OF THEIR EXISTING RESOURCES.

Information Barriers

The most elaborate slate of public health services would serve no purpose if people are unaware of their existence or unfamiliar with how to use them. The current groundswell of health promotion activities are addressing these issues. Availability of services, proper use of medical providers, recognition of symptoms, and alternative resources for medical care are some of the subjects covered in "self-care," "wellness," parenting, and general health education classes.

Yet, there still remains a group of people who are unaware of the public health services in their communities. In the survey of Montana women, 11 percent of the respondents did not know if there was a public health department in their county. Thirty-one percent did not know if their county provided a public health nurse to serve their area. This lack of awareness of public health services also differed substantially throughout the regions of the state. Persons in far eastern Montana were much more likely to be aware of public health services than those in south-central or western Montana. (Complete results of the survey and details of this question are included in Chapter IV.)

Within the low income population in the survey, 21 percent of the women were not aware of the public health services in their area. This compared with the total survey population responses of 11 percent is almost doubled. Slightly more of the low income persons were aware of a public health nurse in their community -- 71.5 percent compared to 69 percent of the total population. Only 9.7 percent of the total population had ever had a public health nurse visit in their homes.

Of particular significance in these numbers is the fact that 21 percent of the low income population in the survey were unaware of the public health services in their area. Generally, it is these low income people who are the targets for many public health programs. These people must be made aware of the public health services in their area, or perhaps will end up foregoing any form of health care. In the survey of public health providers, the number one factor listed as a barrier for persons in seeking health care at a public health department was the client's unawareness of service. This supports the concern that more people need to be informed of available services.

A question was asked in both surveys of the most effective way to inform people of the services provided by the health agencies in their area. The number one response in the survey of Montana women was "television" followed by "local newspaper." In comparison, television as a means of providing information on services was ranked last of the six possible options by the public health providers. "Word of mouth" followed by "local newspaper" were listed as the most effective means by the providers.

When asked how the public health departments did inform people about their services, "newspapers" and "word of mouth" were the top two means utilized, with "television" receiving only three responses.

The divergence of opinion on the use of television can, of course, be explained by the lack of most communities in having a local television station in their area. This serves to limit the public health department's access to public service announcement options. Missoula County, being one of the counties with a local television station, makes significant use of television in making people aware of their services and in promoting good health practices. Not only is Missoula County involved in talk show formats and news releases but, in addition, they are running a series of professionally designed "advertisements."

As mentioned, only a few communities have access to television for the promotion of their programs and departments. THEREFORE, IT IS RECOMMENDED THAT THE SDHES ASSIST THE LOCAL HEALTH DEPARTMENTS IN MAKING PEOPLE AWARE OF THE LOCAL HEALTH DEPARTMENTS AND THE SERVICES THEY PROVIDE BY WORKING WITH ALL LOCAL TELEVISION STATIONS IN GENERAL PROMOTION SPOTS STATEWIDE.

In addition to making people aware of their departments and programs, the public health departments also need to help people become aware of the variety of other resources within their communities. The network of the referral system within the communities is crucial in meeting the diverse needs of the people. Mental health agencies, child protection services, home health agencies,

and welfare services are each programs which could supplement the services provided to persons through the health department. In addition, public health providers should also be prepared with information on alternative sources of health care within their community -- including licensed nurse-midwives, nurse practitioners, and women's centers. A particular need for licensed nurse-midwives is growing as increasing numbers of women cannot afford adequate prenatal care from private physicians and, as several counties reported, are not receiving any prenatal care.

CHAPTER III

THE WORLD OF WOMEN AND CHILDREN

MOTHERS AND INFANTS - PRENATAL CARE

Nearly all American women experience one or more pregnancies. Yet, despite public and professional agreement that women should begin prenatal care early in pregnancy, only 74 percent of all babies born nationwide in 1977 were born to women who made their first visit for prenatal care during the first trimester of pregnancy; 1.4 percent received no prenatal care at all. The situation has been improving; however, as five years earlier the comparable figure was 69 percent.[1]

The situation in Montana presents a brighter picture. According to information recorded on birth certificates, 80 percent of all babies born in the state in 1980 were born to women who started prenatal care during their first trimester. Less than 1 percent (.77) of all babies born in 1977-80 were born to women making no prenatal visits.

The number of women seeking early prenatal care is significantly different for the Native American population on Montana reservations. According to data from the Area Indian Health Service (IHS) in Billings, only 57.6 percent of the pregnant women receiving services from IHS started prenatal care in their first trimester. This figure, however, represents an 8.5 percent increase from 1974.

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[1] Better Health For Our Children: A National Strategy. A report of the select panel for the promotion of Child Health, U.S. Department of Health and Human Services, Public Health Service, DHHS Publication #79-55071.

Perception of Need

In the survey of Montana women, 53 percent of those pregnant within the past two years would like an increase in pregnancy-related public health services; 45 percent of these women would like the services to remain the same. Two percent of the women would like the services eliminated in the public health sector.

For all women in the survey, regardless of pregnancy status, 52 percent would like the services increased; 47 percent would like them to remain the same; and 1 percent would like them decreased.

In the survey of public health providers, prenatal care was ranked the number one priority for women and children in their counties. It ranked second in a list of health service needs that they, as providers, encounter most frequently. Sixty percent of the providers would like the service increased and 40 percent would like the services to remain the same. For a complete ranking of the services by both the Montana women and the public health providers, see Chapters IV and V.

Existing Services

State Programs

Supplementing the local prenatal programs are two projects currently funded with federal monies and administered by the State Department of Health and Environmental Sciences. The Improved Pregnancy Outcome Project (IPO) provides funding for the transport of high risk mothers and infants in distress to medical centers with the capabilities to care for their special problems. In addition, funding is provided for procedures and laboratory tests to evaluate

the status of high risk pregnancies for genetic and medical problems. Public education and continuing education for health professionals associated with pregnancy are also sponsored by the program. The transport and testing services of the Improved Pregnancy Outcome Project are available statewide to low income families on a sliding financial eligibility scale basis.

In 1981 the IPO Project paid for the transport of 94 infants at a cost of $106,899 and 33 maternal transports at a cost of $9,828. In addition, 86 tests were conducted for high risk pregnancies at a cost of $8,954. Continuing education opportunities were provided for 531 health professionals.

A second federally funded program for pregnant women is the Special Supplemental Food Program for Women, Infants, and Children (WIC). The main objective of this program is to provide nutrition education, counseling, and supplemental nutritious food to low income pregnant and lactating women, infants, and children up to age five. To be eligible for the program, the women and children must be both below 185 percent of the federal poverty level and who, because of poor health or inadequate nutrition or both, are at nutritional risk. Pregnant women must also be receiving prenatal care to be eligible for the program.

In addition to the provision of the supplementary foods, local WIC programs are required to see that health services are available to WIC participants, thereby influencing the levels of participation in prenatal and child health services for low income women.

Numerous studies document the benefits of the WIC program for high risk pregnant women. In addition to its improvement of

the client's nutritional status and associated health problems, the program is also estimated to save three to four dollars in medical costs for every dollar invested in the program. These factors have led to wide acceptance and support for the program.

WIC is available in 37 Montana counties and each of the 7 Indian reservations. The program serves approximately 13,000 persons each month. This represents approximately 40 percent of those persons income eligible (not necessarily nutritionally eligible), who are receiving services from the program. This 40 percent figure is the second highest in the nation of states with WIC programs. Only Vermont serves a higher percentage. Nationally the average is 20 percent. Indian reservations serve 57 percent of their income eligible population.

Currently, insufficient funds prevent serving more of the eligible population and from expanding the WIC program into counties currently unserved.

Nutritional consultants from the state office provide an additional indirect service for pregnant women. Consultation is provided to family planning programs, local WIC programs, and health professionals in the nutritional needs of the pregnant and postpartum woman.

Perception of Need

In the survey of Montana women, 54 percent of the respondents would like the WIC program expanded and ranked it ninth on a list of 18 possible services. Forty-two percent of the women would like the service to remain the same, while four percent would like it eliminated.

In the survey of public health providers, 40 percent would like the service expanded and ranked it 11th out of 21 services; 55 percent would like the service to remain the same; and 5 percent would like it eliminated or decreased.

County Programs

Within the public sector, county health departments possess the greatest opportunity to influence the extent and type of prenatal care for women within their counties. To insure that as many pregnant women as possible receive early medical and nursing supervision, it is necessary to set some procedure to identify them as early as possible. A highly desirable goal is that of notification by the private physician to the health department of each obstetrical high risk client. Part of the problem, of course, is already solved if the woman is under medical supervision. However, even here, the health department may render services through public health nursing and education, including follow-up of women who miss appointments or plan no regular medical prenatal care.

While listed as the greatest priority for women and children in the county, prenatal classes are available in only 24 counties. Within these counties, the range of prenatal services varies from medical and preventive services within the Maternal and Infant Project in Yellowstone County to individual counseling as requested in other counties. Some counties refer women to existing prenatal classes within area hospitals or to an on-going Lamaze program. Missoula County has a high-risk program that monitors the adequacy

of prenatal care in women identified as being high risk. Follow-up of these women continues for up to one year after the birth of their infants.

Generally, the prenatal programs within the counties are available to all county residents regardless of income. Some of the programs offered through the private sector charge a fee for their classes. The Maternal and Infant Project is the only provider for medical services to those women who are income eligible.

Indian Health Service

The Indian Health Service provides complete prenatal care for Indian women. Prenatal classes are offered by the Community Health Nurses. As described later in Chapter VI, all Indian women, regardless of income, are eligible for IHS medical services.

At the present time, prenatal services are also available to urban Native Amercan women through Urban Indian Health Clinics in four Montana cities. These clinics are open to all Native Americans regardless of income or tribal affiliation. Helena, Billings, Missoula, and Great Falls have Urban Health Clinics.

The Urban Health Clinics are currently faced with a proposed elimination of all federal funding. For most of the urban clinics, federal funding accounts for over 70 percent of their funding.

Special Projects

Currently, the Maternal and Infant Project in Yellowstone County provides complete prenatal care for high risk women. In addition to providing medical care to income eligible women, the

project offers classes in prenatal care, infant care and parenting skills, family planning education, dental evaluations, support counseling, labor and delivery classes, well-child clinics and immunizations, nutritional guidance, referrals, and health care maintenance plans for all women.

Federallly mandated funds for the Maternal and Infant Project will be terminated June 30, 1982. Yellowstone County has the option of continuing these services through use of the federal block grant monies if they view this as a priority.

Concerns

From this review of services, five issues are presented as needs in the area of prenatal care for women. First, all women are not equally aware of the need for early and consistent prenatal care. This is evidenced by the 20 percent of Montana women who gave birth in 1980 with no prenatal care in their first trimester. IT IS THEREFORE RECOMMENDED THAT THE STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES MAKE A CONCERTED EFFORT IN CONJUNCTION WITH OTHER STATE AGENCIES TO INFORM ALL WOMEN OF THE NEED FOR EARLY PRENATAL CARE. Public service announcements on radio, television, and newspapers, messages on milk cartons, egg cartons, and grocery bags can each provide a short informational message encouraging women to learn more about good prenatal care and to seek the services of a private physician early in their pregnancies.

A second concern is that prenatal classes are not equally available around the state. As mentioned, prenatal classes are

available in only 24 counties. Because of the lack of resources in some counties and/or the ruralness of others, prenatal classes are not offered in every county. Some counties may have alternative resources such as Lamaze classes and hospital sponsored programs that can meet the needs for the service. Other counties have placed their priorities elsewhere.

The importance of prenatal education in addition to medical prenatal care should not be underestimated. If the data from the National Ambulatory Care Survey are any indication of the amount of time a women spends with a physician during pregnancy, the total is low. An average visit for prenatal care is 10.7 minutes of direct contact with the physician according to the study. The American College of Obstetricians and Gynecologists recommends that a women have ten prenatal visits during her pregnancy. If this recommendation is met, that means the physician spends only 107 minutes with the patient over the term of the pregnancy. In addition, the study found that there was some diet counseling in 14 percent of the visits and medical counseling during 25 percent of the visits.[1] Prenatal education offered by a local health department can certainly serve to enhance and compliment the services provided by the private physician.

GIVEN THE IMPORTANCE OF PRENATAL MEDICAL CARE AND EDUCATION, EACH COUNTY SHOULD MAKE A CONCERTED EFFORT TO HAVE PRENATAL EDUCATION AVAILABLE IN SOME CAPACITY

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[1] Better Health For Our Children: A National Strategy. DHHS Publication #79-55071.

IN THEIR COUNTY. TO FACILITATE THIS, COOPERATION WITH THE LOCAL MEDICAL SOCIETY AND COUNTY COMMISSIONERS IS ESSENTIAL. PUBLIC HEALTH NURSES SHOULD BE GIVEN ASSISTANCE FROM SDHES IN WORKING WITH PRIVATE PHYSICIANS AND COUNTY COMMISSIONERS IN THE ESTABLISHMENT OF A PRENATAL PROGRAM.

A third concern is that some women are financially unable to seek early and frequent prenatal care. Several counties cited the financial inability of some county residents to obtain adequate prenatal care. Several things can be done to ease this problem.

--Some counties already have a "petty cash" fund of sufficient amount that allows the public health nurse, at her discretion, to provide for this special need. In some special instances, this "petty cash" fund could be used as a last option to provide prenatal care for women who are unable to seek any prenatal care at all.

--The Improved Pregnancy Outcome Project provides a service to a group of women and infants unserved by any other program. Without the option of transporting high risk women to higher level medical centers or provision of needed laboratory or x-ray services, both the maternal and infant death rate could be expected to increase. Most individuals and counties would be unable to finance this needed service. THEREFORE, IT IS RECOMMENDED THAT SDHES ASSURE CONTINUED STATE-WIDE FUNDING FOR THE TRANSPORTS OF HIGH RISK LOW INCOME WOMEN AND INFANTS.

--The inability of low income women to pay for prenatal services by private physicians is increasing. This is particularly evident in areas of high concentrations of low income women, including urban Native American and refugee women. To alleviate this problem, alternative sources of prenatal care should be made more accessible. THEREFORE, IT IS RECOMMENDED THAT SDHES WORK TO ACTIVELY ATTRACT LICENSED NURSE-MIDWIVES AND NURSE PRACTITIONERS FROM OTHER PARTS OF THE COUNTRY TO BE AVAILABLE FOR HIRE BY THE MEDICAL COMMUNITY THROUGHOUT MONTANA.

Currently, the Board of Nurse Examiners is in the process of writing rules to regulate these practices. Once the services are in place, public health departments should work to inform women of the service.

IN ADDITION, SDHES SHOULD INVESTIGATE THE FEASIBILITY OF ESTABLISHING PRENATAL CLINICS IN AREAS OF HIGH CONCENTRATIONS OF LOW INCOME WOMEN AND CERTAIN RURAL AREAS. ONE POSSIBLE SOURCE OF SUCH SERVICE TO BE EXPLORED IS THE LINKAGE OF PRENATAL SERVICES WITH EXISTING FAMILY PLANNING PROGRAMS.

The fourth identifiable need is the area of providing prenatal services to urban Native American women. Infant mortality rates are one measure of the adequacy of prenatal care and medical services. When birth and death certificate information is compared for non-reservation and reservation Native Americans, a statistically significant difference is found. Non-reservation Native Americans have significantly more deaths than the reservation Native Americans in the neonatal period for infants weighing more than 2,500 grams at birth. While using caution not to extrapolate conclusions from the data, the higher infant death rate may be one indicator of inadequate prenatal care within the Native American non-reservation population. The data on the following pages provide documentation.[1]

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[1] In order to compare the infant mortality rates for non-reservation and reservation infants, the counties in Montana with reservations were designated Reservation Counties and counties without reservations were designated Non-Reservation Counties. It is assumed that all Native American births in Reservation Counties occurred at Indian Health Service Hospitals and all Caucasian births in Reservation Counties occurred in non-IHS facilities.

TOTAL CAUCASIAN

	RESERVATION					NON-RESERVATION						
	Births	Deaths Neo.	#/1000	Post-Neo.	#/1000	Births	Deaths Neo.	#/1000	P Value	Deaths Post-Neo.	#/1000	P Value
2500 gm or less	199	16	80.4	2	10.0	1928	18	93.9	.5131	23	12.0	.5907
Over 2500 grams	3664	9	2.5	8	2.2	30,821	60	2.0	.6149	80	2.6	.5482
Total	3863	25	6.5	10	2.6	32,749	241	7.4	.5029	103	3.1	.5179

TOTAL INDIAN

	RESERVATION					NON-RESERVATION						
	Births	Deaths Neo.	#/1000	Post-Neo.	#/1000	Births	Deaths Neo.	#/1000	P Value	Deaths Post-Neo.	#/1000	P Value
2500 gm or less	164	14	85.6	2	12.2	77	6	78.0	.7268	2	26.0	.5525
Over 2500 grams	2538	4	1.6	23	9.1	976	7	7.2	.0115	8	8.2	.7073
Total	2702	18	6.7	25	9.3	1053	13	12.3	.0979	10	9.5	.8586

Neo = Neonatal Deaths 1 to 28 days
Post = Post-neontal Deaths 29 days to 1 year
#/1000 = number of deaths per 1,000 live births

SOURCE: Improved Pregnancy Outcome Project, State Department of Health and Environmental Sciences

NON-RESERVATION COUNTIES

	CAUCASIAN					INDIAN						
	Births	Deaths Neo.	#/1000	Post-Neo.	#/1000	Births	Deaths Neo.	#/1000	P Value	Deaths Post-Neo.	#/1000	P Value
2500 gm or less	1928	181	93.9	23	12.0	77	6	78.0	.5556	2	26.0	.5281
Over 2500 grams	30,821	60	2.0	80	2.6	976	7	7.2	.002	8	8.2	.0034
Total	32,749	241	7.4	103	3.1	1053	13	12.3	.0930	10	9.5	.0016

RESERVATION COUNTIES

	CAUCASIAN					INDIAN						
	Births	Deaths Neo.	#/1000	Post-Neo.	#/1000	Births	Deaths Neo.	#/1000	P Value	Deaths Post-Neo.	#/1000	P Value
2500 gm or less	199	16	80.4	2	10.0	164	14	85.6	.8076	2	12.2	.6074
Over 2500 grams	3664	9	2.5	8	2.2	2538	4	1.6	.5953	23	9.1	.0004
Total	3863	25	6.5	10	2.6	2702	18	6.7	.8620	25	9.3	.0006

Neo = Neonatal deaths 1 to 28 days
Post = Post-neonatal deaths 29 days to 1 year
#/1000 = number of deaths per 1,000 live births

SOURCE: Improved Pregnancy Outcome Project, State Department of Health and Environmental Sciences

It is generally accepted that the urban Native Americans do not receive health services in the same capacity as their non-Indian counterparts. Although services are as available to low income urban Native Americans as any other low income individual, cultural barriers frequently hinder Native American women from seeking these services.

TO ASSURE THAT URBAN NATIVE AMERICAN WOMEN HAVE EQUAL ACCESS TO PRENATAL SERVICES, IT IS RECOMMENDED THAT SDHES WORK WITH URBAN NATIVE AMERICAN GROUPS AND OTHER LOCAL ORGANIZATIONS TO ERODE THE CULTURAL BARRIERS THAT EXIST FOR NATIVE AMERICAN WOMEN SEEKING HEALTH CARE.

SECOND, TO HELP THE TRANSITION INTO URBAN LIVING AND URBAN HEALTH CARE SYSTEMS FOR THE NATIVE AMERICAN WOMEN, IT IS RECOMMENDED THAT SDHES SUPPORT THE EXISTING URBAN INDIAN HEALTH CLINICS IN SEEKING FUNDS FOR MEDICAL SERVICES FOR PRENATAL CARE FOR NATIVE AMERICAN WOMEN WHO HAVE RECENTLY LEFT THE RESERVATION AND THE SUPPORT AND IHS FACILITIES IT HAD PROVIDED.

An additional concern lies in the area of the WIC program. If the goal of the WIC program were only to supply nutritious food supplements to low income women, infants, and children at nutritional risk, the goal is perhaps easy to attain. But if the goal of the program includes providing education to permanently change the nutritional patterns of clients to assure the maintenance of good health, the goal is much more elusive.

To attain this second goal, local WIC programs may need the assistance of trained nutritionists in identifying and counseling high risk women within the program. In many high risk cases, one-to-one counseling may provide the only viable means to effect change in the nutritional patterns of the woman and her children. TO ASSURE THAT HIGH RISK WOMEN ARE IDENTIFIED AND PERTINENT EDUCATION AND COUNSELING TO PERMANENTLY CHANGE NUTRITIONAL PATTERNS TAKES PLACE, IT IS RECOMMENDED THAT SDHES MOVE TOWARD THE REGIONALIZATION OF THE SERVICES OF NUTRITIONAL CONSULTANTS, THEREBY BEING MORE AVAILABLE TO ALL LOCAL WIC PROGRAMS.

PREVENTION OF INFANT MORTALITY

Prenatal care is clearly related to positive pregnancy outcome. Many of the risks associated with low birth weight infants can be identified in a first prenatal visit and steps can be taken to prevent or correct them. Conversely, late care or no care is associated with low birth weight, increased prematurity rates, increased stillbirths, and increased newborn mortality.[1]

There are approximately four million pregnancies a year in the United States; over one million are intentionally terminated, one percent of these pregnancies result in fetal deaths, approximately one percent of infants die within the first month of life; and seven percent are low birth weight, and nearly five percent have significant congenital malformations, birth defects, or genetic disorders.[2]

Infant mortality fell in the United States from 20 deaths per 1,000 live births in 1970 to 14.1 in 1977 - almost a 30 percent drop in 7 years. Yet, despite these declines in infant mortality, the United States still has a higher death rate than fourteen other industrialized nations.

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[1] Better Health For Our Children: A National Strategy. A report of the select panel for the promotion of child health. U.S. Department of Health and Human Services, Public Health Service, DHHS Public #79-55071.

[2] National Center for Health Statistics, National Center for Health Statistics and Research, in Health, U.S. 1978, DHHS Publication #79-1232.

In Montana in 1977-80, the infant mortality rate was 11.6 or 1.1 percent of total births. Montana's infant mortality rate has generally been comparable to the United States' rate, except for a greater decline in recent years. In 1980, the Montana infant mortality rate rose to 12.4, while the United States rate was 12.5 for the same time period. Although provisional, the 1981 Montana mortality rate is expected to drop to 9.5.

TABLE 1
INFANT AND NEONATAL MORTALITY
(Rate/1,000 Live Births) By Place of Residence

	Montana		United States	
Year	Infant Death Rate (Under 1 Year)	Neonatal Death Rate (Under 28 Days)	Infant Death Rate (Under 1 Year)	Neonatal Death Rate (Under 28 Days)
1970	21.5	16.0	20.1	15.1
1971	21.6	15.0	19.1	14.2
1972	19.7	14.5	18.5	13.6
1973	19.5	13.6	17.7	13.0
1974	16.5	12.5	16.7	12.3
1975	15.5	10.7	16.1	11.8
1976	16.6	11.7	15.1	10.7
1977	13.8	8.9	14.0	9.9
1978	11.4	7.3	13.6	9.5
1979	10.7	7.1	13.0	8.8
1980	12.4	7.7	12.5	8.5

Source: Bureau of Records and Statistics, Department of Health and Environmental Sciences.

Low birth weight is the greatest single hazard for infants, increasing vulnerability to developmental problems and death. In Healthy People, the Surgeon General reported the following statistics regarding low birth weight:

--Of all infant deaths, two-thirds occur in those infants weighing less than 5.5 pounds at birth.

--Given no prenatal care, an expectant mother is three times as likely to have a low birth weight baby.

--Smoking slows fetal growth and doubles the chances of low birth weight.

--Teenage mothers are twice as likely to have a low birth weight infant.[1]

The Montana low birth weight rate for 1977-80 was 58.8 or 5.8 percent of all live births. This compares to a national average of 6.9 percent of all live births.

SERVICES

State

Once a child is born, low birth weight and infant deaths become basically a medical problem. Subsequently, services that are provided for these problems evolve around the private physicians and hospitals. It is in this setting that the Improved Pregnancy Project (IPO) plays a major role.

One of the major objectives of the IPO Project is to provide for the continuing education of health care professionals. This education is focused on the early recognition of high risk pregnancies, management of high risk pregnancies, newborn risk assessments, and the evaluation and management of long-term problems resulting from a high risk pregnancy. In 1981, 531 health professionals participated in continuing education programs sponsored or partially funded by IPO.

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[1] Healthy People, Surgeon General Report and Health Promotion and Disease Prevention 1979, Public Health Service, DHHS Publication #79-55071, July 1979.

As already discussed, the program also provides for payment of necessary transports of high risk mothers and infants, in addition to the procedures and tests used to evaluate the status of a high risk pregnancy for genetic and medical problems.

Inborn Errors of Metabolism

Inborn errors of metabolism represent metabolic disorders that can be present in newborns. If these disorders are present at birth and go undetected, profound mental retardation and sometimes death can follow. The most common metabolic disorder is phenylketonuria (PKU). Recognizing this, the Montana Legislature, in 1965, mandated that the Montana State Laboratory screen all newborns for PKU. In 1973, the Legislature passed a second bill expanding the program to include screening for hypothyroidism, galactosemia, homocystinuria, maple syrup urine disease, hypermethionemia, and tyrosinemia. In 1975 the Legislature approved SDHES' contracting with the Oregon Public Health Laboratory for the service. This has continued to date.

Since 1975 a total of five cases of PKU, ten cases of hypothyroidism, and one case of galactosemia have been detected in newborn infants by the screening program. All these cases were detected in the first few days of life and have been successfully treated with diet and appropriate medication. All the children are currently developing normally.

Under state direction, guidelines have been established and all newborn infants are screened at the time of birth or within a few days thereafter. The screening is done by obtaining a drop of

blood from the newborn which is sent to the Oregon Laboratory where it is tested. The results of all these tests are returned to the Maternal and Child Health Bureau which assumes responsibility for notifying the hospitals and physicians of the test results. In cases found to be positive or suspected of being positive, the Oregon Laboratory telephones the MCH Bureau. The MCH Bureau, in turn, notifies the attending physician immediately by telephone so appropriate therapy can be instituted promptly.

The Legislature makes an appropriation of general fund monies each biennium for continuation of the screening program for these seven disorders at a cost of $3.25 per infant.

County

Follow-up programs for high risk infants are an important part of the home visits of the public health nurse. Any infant that has been identified through the IPO Project is referred to the local public health nurse. Some counties rely on a private physician's order to provide follow-up care. Other counties have sophisticated mechanisms to locate all high risk infants.

Gallatin County works closely with the medical society and nursing staff at the local hospital to identify high risk infants prior to dismissal from the hospital. Any infant identified as high risk, from a comprehensive list of criteria by the attending physician, is referred to the public health nurse for follow-up.

A copy of the forms used to identify the high risk infants is located in Appendix F. Plans are now underway in the Improved Pregnancy Outcome Project to reproduce the entire high risk

registry system of Gallatin County for statewide distribution. Plans are also being made to institute a statewide referral system for high risk infants, with information coordinated with the attending physician, SDHES, and county health departments.

Custer County has a policy of personally visiting every woman who has given birth within 48 hours of her dismissal from the hospital. In addition, the department has a special follow-up program for all nursing mothers. Missoula County has a high risk program similar to that of Gallatin County.

In addition to follow-up services for newborns in their communities, 24 counties provide well child clinics for children ages 0-6 years. (A complete discussion on this service is described later in this chapter under "Health Assessments for Children and Adolescents.")

Concerns

Because low birth weight and infant mortality are so closely related to prenatal care, the service needs for women and infants are approximately the same as those described in the last section. Education in the importance of early prenatal care, the financial ability to secure adequate prenatal care, and the availability of prenatal classes in communities are each important considerations in the prevention of infant mortality.

Changes in insurance and assistance programs to encourage early and consistent prenatal care and general preventive health measures are needed. In addition, special training opportunities

for those personnel working in association with obstetrics and pediatrics should be continued as a vital component of the prevention of infant mortality.

FAMILY PLANNING

Improved family planning can reduce the number of unwanted and unplanned births. If the births prevented are to women whose offspring are at increased risk of death as newborns or infants, increased risk of birth defects or increased risk of living in a poor environment, then maternal and child health should improve. Private and public family planning programs have made great progress over the past decade in reducing unintended pregnancies. However, nationwide an estimated 3 million poor and near-poor women and approximately 2 million sexually active teenagers in all income groups are still not receiving needed family planning.[1] (See later section in this chapter on teenage pregnancy.)

In Montana there are an estimated 52,733 women, excluding women served by the Indian Health Service, in need of subsidized family planning services. Over a quarter of this number are teenagers. Approximately 26 percent of these women are currently being served in existing family planning programs. An additional 32 percent of that number are estimated to be receiving services from private physicians. This leaves 42 percent or 21,866 of the women-in-need population who need but are not receiving family planning services.

When projected by statistical probability, 5,316 unplanned pregnancies were prevented by family planning services in Montana. These pregnancies would have resulted in 3,492 births, 851 abortions,

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[1] Women & Health - U.S. 1980, Public Health Reports, Sept.-Oct. 1980.

973 miscarriages, including approximately 105 cases of congenital abnormalities, 105 cases of hypoxic brain damage, 17 cases of chromosomal abnormalities, and 234 high risk premature deliveries.[1] Family planning ensures that pregnancies are both timed and spaced to allow optimum health status for both mother and infant.

The cost of an unwanted or unplanned pregnancy can be tremendous.

--The cost to the government for a mother and an unplanned child on welfare averages $2,868 per year, not including the cost of food stamps and Medicaid.

--The average cost per family planning medical encounter is $17.

--The short-term benefits to federal, state, and local governments are estimated to be two dollars for each dollar invested in family planning, primarily in reduced medical costs. The short-term benefit rises to nearly three dollars for every one dollar invested if teenagers are involved.

--The long-term benefits are estimated to be $26 for each dollar invested, primarily in reducing dependency on government assistance programs.[2]

Family planning programs provide a service for women who otherwise could not afford the services and could eventually become dependent on government programs. According to the Alan Guttmacher Institute, the national family planning program has the highest documented benefit/cost ratio of any federally funded health program in the nation.

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[1] "Averted Births" prepared by the Family Planning Program, State Department of Health and Environmental Sciences, 1981.

[2] "Montana Statewide Family Planning Project" prepared by Family Planning Program, State Department of Health and Environmental Sciences.

Perception of Need

In the survey of Montana women, 43 percent of the respondents would like family planning services increased. Nine percent of the women would like the program eliminated or decreased and 47 percent of the respondents would like the program to remain the same.

In the survey of public health providers, family planning was ranked as eighth of the thirteen greatest priorities for women and children in their counties. It was ranked fourth in a list of the seven health service needs encountered most frequently. Fifty-four percent of the providers would like the service increased, 5 percent would like the service eliminated, and 41 percent would like the service to remain the same.

SERVICES

Outside the private sector, the family planning programs administered from the State Department of Health and Environmental Sciences provide the greatest service to women in need of family planning. In 1980, 20,852 clients were served by the fifteen family planning programs in the state. This is a 442 percent increase in caseload since the program's statewide inception in 1972. Approximately 69 percent of the clients served were at or below 150 percent of the federal poverty level.

Of these fifteen programs, seven are operated within the counties. The remainder of the clinics are free standing non-profit clinics. The clinics in Yellowstone and Missoula Counties are operated in conjunction with the Planned Parenthood program. Seven additional counties receive family planning services on a satellite basis.

The family planning clinics provide a multitude of services in association with reproductive health. Physical examinations, cervical cancer screening, blood and urine tests, pregnancy tests, screening and treatment of venereal disease, fertility counseling, dispensation of contraceptives, counseling and education in reproductive health and, as necessary, referral to other health professionals as required.

Montana residents may receive services at any of the clinic sites. All women, regardless of income, can be served at the clinics. The only exception to eligibility for family planning services in the clinics is if the clinic has a long waiting list. In this case, a priority system is established so that low income women not served by Medicaid or unable to seek services from a private physician are seen first.

Payment for services is based on a "schedule of discounts" relative to family size and income. The clinics are encouraged to accept as many full paying clients as possible in an attempt to bolster their finances. Full paying clinics provide the necessary money to purchase new equipment, perhaps enlarge the staff, or simply maintain the current level of services as federal or state funds are cut back.

Current Medicaid policy does not cover medical services performed by nurse practitioners. Since many of the clinics employ a nurse practitioner, Medicaid women are charged for those fees on a sliding financial eligibility schedule. This problem does not exist if a physician provides the medical services.

County

The county health departments play an important role in making referrals to the family planning programs. In the counties not served by family planning programs, public health nurses often provide family planning counseling on a one-to-one basis. Aside from the 22 counties with family planning clinics or satellite programs, 17 counties reported that the public health nurse provides family planning counseling on an individual basis. BECAUSE OF THE NUMBER OF PUBLIC HEALTH NURSES PROVIDING THIS SERVICE TO THEIR COMMUNITIES, IT IS RECOMMENDED THAT THE FAMILY PLANNING PROGRAM PROVIDE SPECIAL TRAINING OPPORTUNITIES, EDUCATIONAL MATERIALS, AND UPDATES TO THE PUBLIC HEALTH NURSES IN COUNTIES WITHOUT A FORMALLY ESTABLISHED FAMILY PLANNING CLINIC.

Indian Health Service

Although no program is categorized as family planning, the IHS provides family planning services to all Native American women. Of significance is, that according to the Billings Area IHS office, only 11.7 percent of the women aged 15-44 are using contraceptives provided by the Indian Health Service.

The Blackfeet Reservation, until recently, had a tribal program to deliver family health services to its Blackfeet members. This program included counseling for pregnant teenagers, access to services other than through IHS, a prenatal clinic, abortion referral and counseling, family planning services, sex education in the schools, cancer screening, and outreach programs. This program

has recently been eliminated on this reservation and its functions are being absorbed by providers at IHS facilities.

A special family planning project provides outreach services for urban Native American women in six Montana cities. The project goal is to reach Native American women currently unserved by a family planning program or private physician. Outreach workers in Helena, Billings, Great Falls, Missoula, Butte, and Havre provide educational, counseling, referrals, and information services to Native American women to encourage use of existing family planning services.

The program, previously administered by the Montana United Indian Association as the WICONI project, is currently administered by the Family Planning Program from the State Department of Health and Environmental Sciences. BECAUSE OF THE SPECIAL NEEDS AND SPECIAL CLIENTELE THIS PROGRAM IS DESIGNED TO SERVE, IT IS RECOMMENDED THAT OUTREACH WORKERS BE NATIVE AMERICAN WOMEN.

Additional Concerns

The number of abortions can generally represent the need for greater or improved family planning services. In 1980, 3,471 legal abortions were performed in Montana. Sixty-four percent of these abortions were to women aged 20-34, 31 percent were to women under 19, and 5 percent were to women over 34. This represents a ratio of 173.9 abortions per 1,000 live births. The national rate is 396.8 abortions per 1,000 live births.

Unwanted and unplanned pregnancies pose serious problems for many women. Private physicians, health departments, and family planning programs all encounter "problem pregnancies." Although county health departments or family planning programs do not provide funds or services for abortions, public health personnel should be aware of the location and availability of these services.

FAMILY PLANNING PROGRAMS HAVE BEEN SHROUDED IN CONTROVERSY EVEN PRIOR TO THE INCEPTION OF THE PROGRAM. THIS CONTROVERSY HAS OFTEN MADE IT DIFFICULT TO ACHIEVE ACCEPTANCE OF A NEW PROGRAM IN A COMMUNITY AND HAS BOTH RESTRICTED AND THREATENED FUNDING OF THE PROGRAMS. BECAUSE THE SUBJECT OF ABORTION IS EVEN MORE CONTROVERSIAL, IT IS RECOMMENDED THAT THE STATE FAMILY PLANNING PROGRAM AVOID ANY APPEARANCE OF AN ASSOCIATION WITH ABORTION IN CONTRACTING WITH PRIVATE FAMILY PLANNING PROGRAMS CURRENTLY PERFORMING ABORTIONS. REQUIRING SEPARATE FACILITIES AND ADVISORY BOARDS FOR PROGRAMS ASSOCIATED WITH ABORTION MAY BE ONE MEANS OF ACHIEVING THIS.

CHILDREN AND ADOLESCENTS

CHILDREN ARE ONE-THIRD OF OUR POPULATION AND ALL OF OUR FUTURE

-From Better Health For Our Children

The goal of all professionals who serve children is to safeguard the rights of those children to lead healthy, normal lives in which they can develop their bodies, minds, and personalities to a maximum extent. The prevention of illness, early screening and detection of health problems, immunizations, nutritional assessments, dental care, accident prevention, developmental assessments, home life evaluations, and support services are all components necessary to maintain the wellness of children.

HEALTH ASSESSMENTS

For the infant and child, the public health department's aim is one of supervision and education. As much as possible, this aim is effected by reliance on many individuals and agencies which are already available as resources in the community. One of the primary objectives of public health nursing's home visits is to assure continuous well-baby medical supervision, preferably by a family physician, and failing that, in a well-child clinic offered by the health department.

Twenty-six counties throughout Montana offer formal well-child clinics. These clinics are generally held once a month for children 0-6 years. In larger counties, clinics are held at least once a week. The clinics generally include at a minimum; height and weight checks, urine screening, hemoglobin or hematocrit checks,

vision screening, dental screening, speech and language checks, immunizations, developmental assessments, dietary assessments, and a physical examination by a physician, nurse practitioner, or registered nurse. Appropriate counseling is also available. Any deviations from normal conditions are referred for appropriate services.

Perception of Need

In the survey of public health providers, well-child clinics were listed as the second greatest priority for women and children in the counties. It was listed first by these providers as the area of health service needs encountered the most frequently.

Services

State

Fourteen of the well-child clinics currently being conducted in the counties receive grants from SDHES which fully or partially fund the clinics. The ten remaining clinics operate with county funds only.

Nursing consultants provide consultation to counties desiring to establish well-child clinics or to make changes in their existing clinics. A manual containing extensive guidelines for clinic procedures and protocols for well-child clinics is available from the state MCH Bureau.

Grants for the clinics will continue to be available to communities for existing well-child clinics until fiscal year 1984. At that time, well-child clinics will be funded from the MCH block grant,

leaving the decision on whether to continue well-child programs to the counties.

County

County health departments are the local providers of the well-child clinics. Eligibility for well-child services is set by the individual counties. Generally, the amount of funds available for the clinics, the administrative capability to handle a certain number of children and the economic climate of the community are taken into consideration in determining eligibility for the clinics. Some counties serve only low income families not currently eligible for care under Medicaid. Others have an upper income limit for families, beyond which they are ineligible for service.

Gallatin County has a unique approach to its well-child clinics. The clinics are open to any children from families with incomes of less than $15,000. A fee, based on a sliding financial eligibility schedule of one to five dollars, is charged for each visit. A further eligibility criterion is that to receive well-child services, the child's previous well-child check-up must have been provided by a private physician. Thus, the children are seen only by the public health department for a well-child check-up on an alternating basis with the local private physicians. These clinics are completely funded by the county.

Missoula County has just recently begun a special well-child clinic for refugee children. A special need for this clinic exists as the refugee population in Missoula County becomes ineligibile for

a special refugee medical assistance program after a period of eighteen months. A complete overview of this situation is described in Chapter VII.

Indian Health Service

The Indian Health Service provides children's health assessments at each of their facilities. As described in Chapter VI, each reservation may have a special emphasis for a given year which focuses on a particular health need. Often this emphasis is on a child health problem.

The Urban Health Clinics provide child health assessments to all Native American children seeking their services.

Special Projects

The Lewis and Clark City-County Health Department has a special federally funded project serving children ages 6 weeks to 12 years in Lewis and Clark, Powell, Jefferson, and Broadwater Counties. The program, entitled Children and Youth, offers well-child assessments, health education, counseling, and diagnostic services to all children. To those who are children income eligible, the program also pays for their medical and dental treatments, provided by private physicians, dentists, and other health professionals with appropriate referral.

By June 30, 1982, all federal funding for this special project will be eliminated. Lewis and Clark County may choose to continue some of the services of this project through use of their MCH block grant monies.

WIC

As described in earlier sections of this report, the WIC program provides food supplements to children up to age five, as well as to low income pregnant and post-partum nursing women and infants at nutritional risk. This program assures that children in poor health or those getting inadequate nutrition in their homes obtain a balanced diet for their normal growth and development. Nutrition education and counseling are provided on how to plan diets and how to use foods to promote normal growth and development.

Child Care Food Programs

Some parents depend on day care providers to supply a large proportion of the food consumed by infants and toddlers for five days a week. Preschool children in day care or other group care settings may receive meals and snacks at these centers which contribute 75 to 80 percent of their nutrient intake, suggesting that careful attention should be given to the quality of food provided in such facilities.

The National School Lunch program formally established in 1946, is a major portion of the national effort to provide nutritious and balanced meals to school-age children. One aspect of the program called the Child Care Food program, provides for cash reimbursement for meals served to preschool children in licensed or approved day care centers. Children in these centers, Head Start programs, or after school programs are provided with foods during the day which must meet specific nutritional requirements. Reimbursement is based on family income.

In addition to the provision of reimbursement for these meals, the program also provided funds for the purchase of some food serving equipment in these centers. Technical assistance in menu planning and evaluation is also provided.

In Montana the Child Care Nutrition program is administered by SDHES as part of the Maternal and Child Health program. In 1981 the program served over 8,000 children in 455 sites in 25 counties.

Once children enter school, the School Lunch and School Breakfast Program is provided for low income children. This aspect of the program is administered by the Office of Public Instruction in Montana.

IMMUNIZATIONS

Few would disagree that all American children should receive the basic health protection of immunizations. Immunizations provide a simple, generally low risk and inexpensive method of eliminating illness and death associated with those communicable diseases for which vaccines are available.

For the 1980-81 school year, 95 percent of all Montana school enterers were fully immunized as appropriate for their age (diphtheria, pertussis, tetanus, polio, measles, rubella, and mumps). This compares with a national average of 93 percent for all school enterers.

Perception of Need

In the survey of Montana women, 46 percent would like services for immunizations increased, ranking it 14th out of 18 on their list of priorities. Fifty-four percent would like the service to remain the same.

In the survey of providers, 33 percent would like immunization services increased, with 67 percent wanting the service to remain the same. Immunizations were listed as the most commonly provided service amongst the public health departments.

Services

The Childhood Immunization program at the federal level provides grants to states for the administration of an immunization program. This program, entitled the Community Vaccination program, provides support activities for all counties by providing free vaccines, consultation, and staffing for special immunization clinics. To receive free vaccines, providers must use the federal consent form to secure permission for the administration of the vaccine. In addition, the providers must report once a month to the State Immunization program the amount of vaccine used.

Seventy-five percent of the Montana counties (42) provide immunizations through their public health departments or civic groups to residents of their communities. Ten additional counties have no community health nurse or school nurse and are served by the field staff of the SDHES immunization program at the request of county commissioners. Eleven private providers throughout the state receive immunizations from the program, as well as ten Indian Health Service related programs.

Concerns

There exists in Montana a disarray of availability and accessibility of immunizations. Not all persons have equal access to free or reduced cost immunizations, which is assumed to be the intent of the federal program. In some counties, immunizations are available only through private physicians where patients are charged for both office visits and the vaccine. In the eleven locations mentioned, private providers receive free vaccines and then charge their patients for office visits only. Another county provides immunizations from the public health department only to residents living in rural areas of the county. Other county health departments provide immunizations only to children in schools, thus excluding preschool children.

Still other public health departments charge a $2 fee for the administration of any number of immunizations; another charges a set fee of $2.50 for each immunization; while still another charges $5 for each vaccine, based on a sliding financial eligibility schedule.

As evidenced by the high rate of fully immunized children entering the schools, children are getting immunized. Yet, because free vaccines are available for all children from the federal program, all children should have a more equitable access to that service. THEREFORE, IT IS RECOMMENDED THAT THE STATE IMMUNIZATION PROGRAM ESTABLISH BASIC POLICIES GOVERNING THE USE AND ACCESS OF VACCINES BY PROVIDERS.

In addition, since the major immunization initiative of 1977, a concerted effort to make private providers aware of the free vaccine

service has not been made. THEREFORE, IT IS RECOMMENDED THAT THE STATE IMMUNIZATION PROGRAM, IN COOPERATION WITH THE LOCAL HEALTH DEPARTMENTS, PUBLICIZE THE AVAILABILITY OF THESE VACCINES TO PRIVATE PROVIDERS.

DENTAL HEALTH

Oral hygiene practices and dietary habits established in childhood, in combination with preventive and treatment services received as a child, determine, to a large degree, the oral health of adults. In view of this, attempts to influence the dental health of children are of long-lasting and far-reaching importance.

Because much is known about the etiology of dental disease, the preventive measures are well developed and of proven success. Educational programs on good nutrition and proper brushing and flossing techniques, prevention programs using some form of fluoride, and screening and treatment services are generally the approaches taken in attempting to influence the dental health of children.

Each of these approaches--education, prevention, and treatment--are utilized in Montana to promote good oral health.

Education

Most every school in Montana includes a component on dental health in their health education curriculum. Within recent years, however, a specialized dental education project called the "Brush-In"

program, has been brought to the school systems by the Dental Health Bureau of the State Department of Health and Environmental Sciences. School children are given toothbrushes and demonstrations of proper brushing and flossing, in addition to information on good nutrition and prevention of tooth decay. Local dentists, school nurses, public health nurses, dental hygienists, or classroom teachers provide this education. It is estimated that over 90 percent of all Montana school children in grades K-6 are now participating in the "Brush-In" program.

Prevention

The fluoridation of water has been characterized as one of the greatest bargains available in health care because of its effectiveness in preventing tooth decay. It is estimated that fluoride in a municipal water supply can reduce dental decay in a community by 50 to 60 percent. Yet, unfortunately, the fluoridation of municipal water supplies has been met with opposition on numerous fronts.

One source of that opposition stems from the cost of installing a fluoridation system in municipal water supplies. It is estimated that for a town of 1,000 persons on a single water source, it would cost $5,000 to install the necessary equipment and an additional $1,200 per year to maintain.[1] If a community collects water from numerous sources, each source would require an additional system. For some rural communities in Montana, this cost of such

[1] Interview with Dr. William Haggberg, Dental Bureau, DHES.

a system may prohibit fluoridation of their water supply. What is particularly unfortunate is the fact that it is estimated that for every dollar spent per year to supply fluoride to the system, up to $75 per person could be saved in dental treatment costs.[1]

A second source of opposition and usually the strongest source, is a community's unwillingness to alter the quality of their water supply with a element whose value they question. Thus, the education of people about fluoride effectiveness in reducing dental caries is paramount to its acceptance as a preventive measure in their community.

In the survey of Montana women, 17 percent of the respondents did not know if fluoride helped in the prevention of tooth decay. Eleven percent believed it had no preventive value. Together that represents over a quarter of the respondents doubting the effectiveness of fluoride. Sixty percent of the respondents did know it was beneficial and an additional 12 percent cautiously answered with "Well, it's supposed to. . . ."

The Dental Bureau of the SDHES has an on-going program to promote the fluoridation of municipal water supplies. Generally the program consists of a community-by-community approach to promote fluoridation of the water supplies. Currently, 29 percent of Montana's population is drinking fluoridated water (20 percent naturally fluoridated and 9 percent artifically fluoridated). BECAUSE OF THE DOCUMENTED COST-EFFECTIVENESS OF A FLUORIDATED WATER SUPPLY, IT IS RECOMMENDED THAT SDHES AND THE LOCAL

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[1]Interview with Dr. William Haggberg, Dental Bureau, SDHES.

HEALTH DEPARTMENTS MAKE A JOINT INCREASED EFFORT TO MAKE LOCAL COMMUNITIES AWARE OF THE BENEFITS OF FLUORIDATING THEIR WATER SUPPLY.

A second program promoted by the Dental Health Bureau also involves the use of fluoride. This program, used in the school systems, calls for school children to swish with a fluoride rinse once a week. The fluoride rinse program, costing 60¢ per child per year, reduces tooth decay by an estimated 35-40 percent.[1]

Prior to the beginning of a fluoride rinse program, all participating school children receive a dental screening to establish a base for later evaluation of the effectiveness of the program. In addition, the screening also alerts parents by notifying them of the apparent dental needs of their children.

Currently, every county west of the Continental Divide in Montana is participating in the fluoride rinse program. The program was initiated in these western counties because water in these areas contain less natural fluoride than water supplies east of the divide. Nearly 90 percent of the children in these schools are participating in the project. The Dental Health Bureau plans to continue the promotion of the program into central and eastern Montana communities, eventually involving the entire state.

Special preventive dental projects are also on-going in two other counties. Cascade County has a public health dentist who provides education and prevention measures for their school system. Lewis and Clark County and the counties served by the Children and

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[1]Interview with Dr. William Haggberg, Dental Bureau, SDHES.

Youth Project, provide dental services for children in the project. Currently, income eligible children also receive dental treatment paid for by the project.

Special Projects

Pilot studies were conducted in two Montana counties (Sanders and Flathead) to evaluate the effectiveness of the education, screening, and fluoride rinse program. In addition to this program, low income children were provided with treatment services. Both of these projects have now ended and have provided the Dental Health Bureau with valuable baseline data from which to promote similar programs in other communities.

A second project was started in 1981 to assist the Dental Health Bureau in its promotion of the fluoride rinse program. Special grant monies were provided for the project to enable the hiring of dental hygienists in local communities to promote and administer the program. The project was slated to cover communities in southwestern Montana, although the fluoride rinse program was eventually started in all of the counties west of the divide. Funding for the dental hygienists ends June 30, 1982.

Perception of Need

In the survey of Montana women, 48 percent of the respondents would like dental education expanded and ranked it 13 out of 18 possible public health services. Forty-six percent of the respondents would like the service to remain the same and 6 percent would like the service eliminated or decreased.

In the survey of public health providers, 58 percent would like the dental education program expanded and ranked it sixth on their list of 21 public health services. Forty-two percent would like the program to remain the same.

Thirty-five percent of the public health providers would like the fluoride rinse program started or expanded and 64 percent would like the service to remain the same.

Concerns

In the survey of Montana women, nearly 20 percent of the respondents and 13 percent of their children see a dentist for emergencies only. Over 33 percent of the women and children did not visit a dentist at least once a year. This represents a substantial number of people who are probably not receiving adequate dental care. Added to this problem is the fact that 71 percent of Montana's population are not drinking fluoridated water.

The price of inadequate dental care can be tremendous for both Montanans and the Medicaid system. An investment in a state-wide prevention program that can reduce dental decay could only be cost-effective. The economies of scale and simplified access would make the school system the most effective place for education and preventive dental services. THEREFORE, IT IS RECOMMENDED THAT SDHES CONTINUE A CAMPAIGN TO HAVE THE FLOURIDE RINSE PROGRAM ESTABLISHED AND LOCALLY SUPPORTED IN ALL MONTANA COMMUNITIES.

OTHER CONCERNS FOR CHILDREN

Child abuse and neglect and health education are two other areas within the field of public health which greatly affect the growth and development of healthy children. Both are areas in which public health departments generally play a secondary, but vital role.

Child Abuse and Neglect

Only within the last few years has child abuse and neglect become a pressing issue for the national population. According to the National Center for Child Abuse and Neglect, between 500,000 and 1,000,000 parents each year in the United States abuse or neglect a child. In approximately 1 percent of these cases, a child is actually killed.

Within Montana, a federally funded Child Abuse Project is administered by the Department of Social and Rehabilitation Services. Twenty-five Child Protection teams have been established throughout the state, with funding available for various community projects.

Perception of Need

According to the survey of Montana women, 86 percent of the respondents would like child abuse counseling services increased. Fourteen percent of the respondents would like the service to remain the same. This service was ranked number one by the respondents in order of priorities for public sector services.

In the survey of public health providers, 69 percent of the respondents would like child abuse counseling service increased

and ranked it fourth on their list of priorities for service. Thirty-one percent would like the services to remain the same. Currently, eighteen of the county health departments provide some form of counseling or services for child abuse and neglect.

Services

Traditionally child abuse and neglect intervention services have not been a major function of the public health department. Typically the state and county welfare services have provided the mechanisms and personnel to provide the needed services. However, as noted above, eighteen of the county health departments are involved in the provision of these services. Three of the surveyed counties listed child abuse and neglect as the area of greatest need they encountered in public health.

Several factors are drawing the public health nurses into the arena of child abuse and neglect. Often the public health nurse in her home visits or the nurse in the schools can and will detect the first indication of a problem. In some crisis situations, the public health nurse may be the only person available to deal with the situation. Because of their contact with children and families, the nurses have become an integral part of the child protection team in their communities.

However, in other situations the public health nurse is forced to provide the needed services because of insufficient personnel from traditional sources. Several communities cited budget cutbacks in welfare agencies as a primary cause for their involvement in child abuse cases.

BECAUSE THE INVOLVEMENT OF THE PUBLIC HEALTH NURSE IN CHILD ABUSE AND NEGLECT CASES MAY BE NOT ONLY INEVITABLE, BUT ALSO INCREASING IN SCOPE, IT IS RECOMMENDED THAT PUBLIC HEALTH NURSES SHOULD BE PROVIDED WITH TRAINING OPPORTUNITIES AND EDUCATIONAL UPDATES ON INFORMATION IN THE FIELD OF CHILD ABUSE AND NEGLECT.

As mentioned earlier, 86 percent of the survey respondents felt services for child abuse and neglect should be increased and also listed it as their number one priority for service. Sixty-nine percent of the public health providers felt the service should be increased and ranked it fourth in their priorities. These responses point to the issue of child abuse and neglect as being the most important and pressing need in the communities. The field of public health must be prepared to respond to this concern.

Health Education

In understanding the importance of good health throughout an individual's lifetime, it becomes imperative that healthy living patterns be established at a young age. Responsibility for one's own health, recognition of symptoms, and establishment of healthy living patterns are each areas in which school age children need specific health education.

Traditionally the school system has been the primary focal point for health education. Nearly all schools in Montana have a health component within their regular curriculum. However, the extensiveness of the course work and subjects offered vary tremendously throughout the state.

Public health nurses can play a major role in educating children in healthy living patterns. Encounters with a child by a school nurse, by a public health nurse in home visits, or contact with a health professional in well child clinics should each be viewed as teachable moments which are valuable in the life of the individual child.

ACCIDENT PREVENTION

Accidents are the leading cause of death and disability among children and adolescents. Nearly one quarter of all accidental deaths in Montana in 1979-80 involved children and adolescents. Sixty-three percent of those deaths involved motor vehicle accidents, 37 percent of which involved children and adolescents too young to be driving. (See Table 13 in Chapter VII.) Other accidental deaths and injuries in Montana commonly result from falls, drowning, fire, and injury from firearms.

Certain available forms of prevention are very effective in combating accidents. Especially useful are those which do not require voluntary personal behavior, but instead restructure the unsafe aspect of a child's environment. Safety belts, child-resistant containers, and in-home risk reduction are examples of successful techniques used in the prevention of accidental deaths.

In the survey of public health providers, 45 percent of the respondents would like accident prevention programs expanded or started, placing it fourth on a list of eight educational or counseling services. Fifty-five percent would like the service to remain the same.

The sources of accident prevention education are scattered. There is no one unit or program in state government which focuses directly on prevention of accidents for children and adolescents. Some of the existing activities include:

--The Highway Safety Bureau is conducting a major media push for the use of seat belts and infant seats for children.

--The Food and Consumer Safety Bureau of the SDHES provides the public with information on the safety of certain food and consumer products.

--The Office of Public Instruction has a special program on bike safety.

On the local level:

--Some school systems include accident prevention in their health education curriculum.

--Homemakers Service of the Cooperative Extension Service provides information on home hazards.

--Some county health departments distribute literature and cooperate with the media on accident prevention.

--Of the health departments offering Well Child Clinics, many of them include accident prevention education in their encounter with children and parents.

In 1980, 131 Montana children under the age of 19 died from accidental deaths. That number is only 45 short of the number of infant deaths for the same year. Given the amount of attention which is generated in the private and public sector statewide in the prevention of infant deaths, one would expect that a similar amount of attention would be focused on the prevention of accidental deaths. The value of education in the prevention of accidents should not be overlooked or underestimated in the planning and presentation of health programs.

HANDICAPPED CHILDREN

Children with handicapping conditions often require extensive amounts of specialized medical care. Families without access to comprehensive medical insurance often face financial devastation in their attempts to meet the special needs of their children. Some children receive no specialized care at all because of the family's inability to finance the necessary health care.

A Rand Corporation Study estimated that there are over 4.5 million children in the United States who are physically disabled in some way. By this and other estimates, .5 to 2 percent of the childhood population is physically handicapped.[1]

One segment of that population, children with handicapping conditions requiring medical or surgical procedures, receives services from the Handicapped Children's Service Program administered by SDHES. This program, as established by the federal government, provides for the identification and evaluation of children with possible handicapping conditions. The program pays for treatment of these conditions for those who are income eligible. In state fiscal year 1981, the program paid for medical treatment services for 339 children. The program also paid for evaluations for over 1,300 children.

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[1] Brewer, G.D. & J.S. Kakalik, Handicapped Children: The Strategies For Improving Services, New York. McGraw Hill, 1979 as quoted in Better Health For Our Children.

Perception of Need

In the survey of Montana women, 73 percent would like services for handicapped children increased and ranked it second on their list of priorities. Twenty-six percent of the respondents wanted the service to remain the same and one percent would like the service decreased or eliminated.

Of special note here is that on the list of services that the respondents would like to see expanded, three out of the top five involved services to children with special physical or developmental problems. (See Chapter IV.)

In the survey of public health providers, 51 percent would like services to the handicapped increased and ranked it ninth on their list of priorities. Forty-nine percent would like the services to remain the same. Twenty-six of the counties indicated that they provide follow-up services for handicapped children.

Services

As described earlier, the main focus of services for the handicapped child remains at the state level in the HCS program. As the system is currently operating, all children with a crippling condition who are under the age of 21, regardless of income, may receive an evaluation to determine the condition, free of charge. Specialized re-evaluation services (lab services and x-rays) are subject to family income guidelines. These evaluations follow a process, depending on each condition, which determines the extent of the problem and the appropriate plan of action for treatment.

Over 1,300 children received medical evaluations in the state fiscal year 1981. These children were seen at the following locations:

--The Heart Diagnostic Center in Great Falls is a state funded program. In state fiscal year 1981, 290 children received medical evaluations at the Center at an average cost of $52 per child. This figure does not include administrative costs. Any child in the state of Montana needing medical evaluations of a cardiac condition may receive these at this Center.

--The Montana Center for Handicapped Children in Billings sponsors a series of specialty clinics for evaluations. In 1981, 309 children received services at this Center.

--The Comprehensive Developmental Center in Missoula emphasizes evaluation of developmentally delayed children, as well as children with behavior and learning disabilities. In addition, scoliosis clinics and cleft palate clinics are administered by the Center. In 1981, 337 children received evaluations at this Center.

--Cystic Fibrosis clinics in Great Falls evaluated 22 children.

--Cleft Palate clinics in Helena, Butte, and Great Falls served 102 children.

--Dr. Ruttenberg, a heart specialist under contract with the Handicapped Children's Service Program, provided evaluations for 168 children, primarily in southwestern Montana.

--Medical specialists from throughout the state provided an additional 90 evaluations for children.

The Comprehensive Developmental Center, the Center for Handicapped Children, and the Cystic Fibrosis Clinics each receive partial funding from HCS.

Actual treatment of crippling conditions is provided primarily by private medical specialists. Payment of treatment costs is based on a sliding financial eligibility schedule. HCS payments are made only after payment by all possible third party payers.

Presently, an Advisory Board to HCS, comprised of professionals interested in handicapped children, recommends which specific conditions should be eligible for treatment.

County

Services for handicapped children provided at the local level are perhaps the most vital in the provision of care for these children. Local providers, educators, and public health nurses must take the first step in identifying children with crippling conditions and notifying parents of the services in the HCS program. Assistance must be given the parent in filling out the application forms for HCS payments.

Once a child has been provided with medical treatment or evaluation and returns to the community, the local physician and community health nurse are relied upon to provide the vital follow-up services. The community health nurse's role is particularly vital in assisting the family in the adjustment to the child's new needs. The public health nurses are notified of each child in their county who has received services from the HCS program.

Indian Health Service

The Handicapped Children's Service program also provides services for Native American handicapped children. This program enables the Indian Health Service providers to automatically refer children with crippling conditions to the program for evaluation and treatment. In the past year, 4.7 percent of the HCS caseload was Native American children.

In addition to the referral system established with HCS, the IHS has a special Communications Disorders Program to treat hearing and speech problems of Native American children. This program provides trained personnel at each IHS facility who screen for these disorders. The identified child is then evaluated by a team of specialists from the Billings Office and, if necessary, provided with treatment.

Concerns

There are three areas of concern regarding handicapped children. First, at the present time the Maternal and Child Health Bureau does not have rule-making authority as defined by Montana law. The HCS program, acting under the recommendation of its Advisory Board, has the appearance of arbitrarily establishing a list of conditions for which they will provide medical treatment payments. To be using this discretion without rule-making authority exposes the State of Montana to possible lawsuits by disgruntled parents and advocacy groups. THEREFORE, IT IS RECOMMENDED THAT SDHES SEEK IN EARNEST THE AUTHORITY GRANTED BY RULE-MAKING POWERS IN THE COMING LEGISLATIVE SESSION AS A MEASURE TO PREVENT FUTURE FINANCIAL LOSSES IN LITIGATION.

A second concern is one perceived by the local providers in working with the HCS program. Being at a distance from the management of the program, there is a lack of understanding of state policies and practices concerning eligibility for treatment and payment. From the local perspective, children who apply for HCS

funds the last part of the fiscal year are much less likely to receive assistance from the program than those applying at the beginning of the fiscal year. In addition, the appearance of arbitrariness on the part of the HCS program as to which crippling conditions are covered also exists at the local level.

The very nature of the medical problems of children served by the HCS program necessitates a special budgeting system. Each time a new case is accepted for treatment, a "savings account" is set up for the children on an estimated cost of treatment basis. If the treatment costs less, the extra dollars are returned to the "pot" to be redistributed. Because of this unique cash flow system, funds are committed on a "first come/first served" basis, leading to the commitment of funds in the first part of the fiscal year.

As mentioned earlier, the conditions covered by the HCS program are determined, as allowed by federal rule, at the state level. Generally, those conditions which will demonstrate the most improvement with treatment are included in the list of eligible services.

BECAUSE OF THE CONFUSION EXISTING AT THE LOCAL LEVEL, IT IS RECOMMENDED THAT THE HCS PROGRAM DEVELOP A BUDGETING FORMAT WHICH WOULD ALLOW A MORE EQUITABLE DISTRIBUTION OF THEIR FUNDS THROUGHOUT THE YEAR. IN ADDITION, IT IS RECOMMENDED THAT HCS IMPROVE COMMUNICATIONS WITH THE LOCAL PUBLIC HEALTH PROVIDERS TO CLARIFY THE POLICIES AND PRACTICES OF THE HCS PROGRAM.

The third concern is that not all public health nurses seem to be aware of handicapped children within their counties who are

receiving services from the HCS program. As mentioned earlier, only 26 of the counties indicated that they did follow-up services for handicapped children in their counties. While in comparison children in 51 counties received services from HCS.

Without the awareness of the public health nurse, the child may return to the community with new and special health needs which create difficulties for the family. Only a minimum of special services are available in the state for parents of handicapped children. How to maintain a child's health, how to cope with the handicapped child's special needs, how to adapt their home to their child, and basic support services for the parent are each areas in which the family may need outside assistance.

Although the public health nurses are being notified of a child receiving HCS services in the community, they may not adequately understand the particular needs of the family or child in order to assist that family or they may be unaware of the role they can play in helping that family. TO ASSURE THAT THE PUBLIC HEALTH NURSES ARE AWARE OF THE HANDICAPPED CHILD'S NEEDS AND OF THE CHILD'S PRESENCE IN THE COMMUNITY AND TO THEREFORE PROVIDE NECESSARY FOLLOW-UP SERVICES, IT IS RECOMMENDED THAT THE HCS PROGRAM EVALUATE THE POSSIBILITY OF INITIATING DIRECT REFERRALS AND CONSULTATION TO THE LOCAL PUBLIC HEALTH NURSES CONCERNING EACH HANDICAPPED CHILD RECEIVING THEIR SERVICES.

PREVENTION OF TEENAGE PREGNANCY

Nationwide, approximately one million teenagers become pregnant each year. One third of these abort the pregnancy, while the remainder carry the pregnancy to term. A variety of studies have documented the educational, occupational, and other social disadvantages of early motherhood, but the health impact of teenage pregnancy continues to be a major concern. Adolescent mothers have a higher incidence of toxemia, prolonged labor, caesarean section, premature delivery, infant mortality, and maternal mortality than older women.[1] Babies born to adolescent mothers have a death rate nearly double the rate of babies born to women 20-29.[2] Nationwide, 7.1 percent of the babies born are considered low birth weight, however, 11.0 percent of the babies born to adolescents are low birth weight.

In 1980, 12.3 percent of all live births in Montana were to women under 19. Almost 18 percent of these births were to Native American teenagers and 1 percent to teenagers of other races. Of those births, 7.9 percent were low birth weight, compared to 5.8 percent of total births in Montana. Within the social service system, 10.2 percent of the 1981 caseload for Aid to Families of Dependent Children were women under 19.

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[1] Millar, Hillary, M.D., Approaches to Adolescent Health Care in the 70's, DHEW Publication #76-5014, 1975.

[2] Gordon, Sol, Syracuse University, College of Human Development as interviewed in Transitions, Vol. 2 #2, 4-15-79.

Perception of Need

In the survey of Montana women, 73 percent of the respondents would like special services for pregnant teenagers increased and ranked it fourth in priority of eighteen listed services. Twenty-four percent of the women would like the service to remain the same and three percent would like the service eliminated or decreased.

In the survey of public health providers, 73 percent would like this service increased and ranked it number one on a list of 21 services. Twenty-seven percent of the providers would like the service to remain the same.

Services

Currently, public and private organizations which attempt to cope with the multitude of problems associated with teen pregnancy focus on two areas of service: pregnancy prevention and the provision of medical, social, and education services. Some of the programs do both.

Family Planning programs address pregnancy prevention. Local advisory boards in each area decide how teenagers will be served--whether they will provide counseling and education only, or if prescription contraceptives shall be dispensed. Local programs are encouraged to serve teenagers by a grant formula which is based on the number of teenagers and low income women served.

WIC

At the state level, the nutrition program is keenly aware of the problems of teenage pregnancy. Training and consultation are provided to local WIC agencies, family planning programs, and public health departments to meet the nutritional needs of the pregnant adolescent. The first phase of a special project to monitor the impact of WIC services on the positive outcome of adolescent pregnancies has recently been completed.

Indian Health Service

The IHS provides medical care for pregnant Native American teenagers. Follow-up counseling and education are provided by the community health nurses who also provide referral assistance to other programs.

As mentioned earlier, until just recently the Blackfeet Reservation had a special family health project with an emphasis on the prevention of teenage pregnancy. Other reservations may include the problem of teenage pregnancy in their periodic special emphasis programs.

County

County health departments can often provide a blend of support services for the pregnant teenagers. Working on a one-to-one basis, the community health nurse can stay in touch with the teenager, guiding her through the social services available to meet her special needs. Some of the counties offer classes in prenatal

care and parenting geared to the pregnant teenager. Others work only as a referral source. Fifteen of the counties surveyed said they had special services available for pregnant teenagers.

Special Adolescent Pregnancy Projects were established in four Montana communities to provide special services to pregnant teenagers. Missoula, Libby, Livingston, and Kalispell each have a special grant to establish and maintain these projects.

The programs and objectives of the four projects varied in their approaches to the problem of teen pregnancy. The program in Livingston placed emphasis on the provision of education and counseling for pregnant teenagers. Missoula is primarily a support and referral service, providing home visits and follow-up care for up to one year after birth. A primary objective of the Missoula program is to reduce the number of repeat pregnancies.

The main emphasis in Libby's Adolescent Pregnancy Project is an outreach program to assure that pregnant teenagers in that area receive early and regular medical care. The Kalispell program, in addition to support and referral services, provided financial assistance for medical payments for the young mothers and their infants.

Federal funds for all these projects will be eliminated as of June 30, 1982. However, local communities may decide to continue their programs with MCH block grant monies. The Kalispell project was recently terminated at the request of the City-County Health Department.

The Maternal and Infant Project in Yellowstone County also serves teenagers within their program. The list of the services

provided in this program were described earlier in the section on prenatal care.

There are currently four educationally based programs for teenage mothers in the state. Great Falls has a special school for young women, incorporating general high school studies with specialized classes in parenting and prenatal care.

Missoula has a special school for pregnant teenagers within the regular school system which works closely with the Adolescent Pregnancy Project in the City-County Health Department. An educational project is also on-going in the Browning school system.

Helena has a private service for pregnant teenagers that serves young women from throughout the state. The young women living at the Florence Crittenton Home attend school with the students of the Helena school district.

Concerns

The problems associated with teenage pregnancy are generally greater than those of older women. As already discussed, lack of adequate prenatal care poses serious problems for both the adolescent mother and her infant. Further complicating the situation are increased problems of alcohol and drug abuse which are prevalent in this age group. Social, family, educational, and financial problems also plague the pregnant teenager.

The services available to any low income pregnant woman are available to the pregnant adolescent within the community. Yet, the difference in their needs is often dramatic. Because of the severity of the problems associated with young pregnancy,

prevention of pregnancy should be the main goal of any health provider.

Services to pregnant teenagers was ranked as the number one area that public health providers felt needed expansion, and is viewed as the fourth most important service in the survey of Montana women. IN LIGHT OF THIS PERCEIVED NEED AND THE NEED FOR THE PREVENTION OF TEENAGE PREGNANCY, IT IS RECOMMENDED THAT SDHES ASSIST LOCAL HEALTH DEPARTMENTS IN EXPLORING THE FEASIBILITY OF ESTABLISHING SPECIAL SERVICES FOR TEENAGERS IN EACH COUNTY. ONE IMPORTANT POSSIBILITY TO BE CONSIDERED IS THE ESTABLISHMENT OF A PEER LEADERSHIP/COUNSELING PROGRAM IN EACH COUNTY, COORDINATED BY THE LOCAL HEALTH DEPARTMENT AND LOCAL SCHOOL DISTRICT.

SUMMARY

TARGET POPULATIONS, AREAS OF NEED AND EXISTING STATE PROGRAMS

Target Population	Needs	Existing Programs	Areas Served	Restrictions
Mothers and Infants	Prenatal Care	*Improved Pregnancy Outcome project - provides maternal and infant transports, lab tests, consumer education and continuing education for health professionals	Statewide	Sliding financial eligibility scale for transports and lab and test procedures.
		*Special Supplemental Food Program for Women Infants and Children (WIC) - provides nutritional education and counseling and nutritious foods to eligible women and children	37 counties and 7 Indian Reservations	185% of federal poverty level and at nutritional risk
	Prevention Of Infant Mortality	*Inborn Errors of Metabolism - screen- at birth of all new- borns for seven metabolic disorders	Statewide	None
		*Improved Pregnancy Outcome Project	Statewide	Sliding financial eligibility scale for transports and lab and test procedures
		*WIC	37 counties and 7 Indian Reservations	185% of federal poverty level and at nutritional risk
	Family Planning	*Family Planning Programs- provides medical services and education and counseling services to all women	15 clinics, 7 satellites	Available to all women, payment based on sliding financial eligibility scale
		*Urban Indian Outreach Program	6 Montana cities	All Native American women not being served by a family planning program

SUMMARY OF EXISTING STATE PROGRAMS CONTINUED

Target Population	Needs	Existing Programs	Areas Served	Restrictions
Children and Adolescents	General Health Care	*WIC: provides nutritious food supplements to children up to age five and counseling and education in nutrition to the mothers	37 counties and 7 Indian reservations	185% of poverty and at nutritional risk, children up to age five
		*Child Care Food Program - provides cash reimbursement to qualified day care centers for meals served. Nutritional consultation provided to Centers	Available state wide in approved centers	Program primarily serves pre-school children. Reimbursement for meals served is based on income levels.
		*Well Child Clinics - provides health assessments for children up to age six	24 counties , 10 of which use only county funds for their clinics	Restrictions vary from county to county, generally for low income families
		*Immunizations- provides free vaccine for children	42 counties, 11 private providers and 10 IHS related facilities	Charges and eligibility for services vary by county
		*Dental - education, screening and prevention measures	Brush-in program is statewide.	School children statewide
			Fluoride mouth rinse program is now in all schools in western MT.	School children statewide
			Advocacy of fluoridated municipal water supplies	Available statewide. Nine percent of Montana's population drinks artifically fluoridated water, 20% drink naturally fluoridated water.

SUMMARY OF EXISTING STATE PROGRAMS CONTINUED

Target Population	Needs	Existing Programs	Areas Served	Restrictions
Children and Adolescents	Accident Prevention	*Well Child Clinics - discuss accident prevention methods with parent	24 counties	Restrictions vary by county
Handicapped Children	Care of handicapping condition	*Handicapped Childrens Service - provides for evaluations and medical treatment for children with handi - capping conditions	Statewide	Evaluations are available to all children up to age 21 at no cost. Medical treatment is based on sliding financial eligibility scale.
Adolescents	Reduction of Teenage Pregnancy	Family Planning - medical services and counseling and education	15 clinics, 7 satellites	Local programs determine the extent of services to minors. Charges based on sliding financial eligibility scale

Until July 1st 1982, three federally mandated, federally funded special projects exist in five locations. Libby, Livingston and Missoula each have a Teen Pregnancy Project serving all pregnant teenagers. Yellowstone County has the Maternal and Infant Project available for high risk women. This project provides medical as well as preventive services to its participants. Lewis and Clark County has the Children and Youth Project serving children from 6 weeks up to 12 years in four counties. This project provided medical as well as preventive services to its participants. After July 1st, the communities may choose to continue the projects using their MCH block grant monies.

CHAPTER IV

SURVEY OF MONTANA WOMEN

The mandate of the MCH Needs Assessment Steering Committee to "identify the health needs of women, infants and children in Montana" has necessitated, in part, the involvement of Montana women in the study.

What is known about the patterns of health care of the state's women and children? What problems do they encounter in seeking health care? What is their awareness of public health services? What health services do they feel are needed within their community? These are some of the broad questions this chapter attempts to answer.

To secure involvement of Montana women in identifying their health care needs, 250 women were interviewed by telephone during December and January of 1981-82. During the 20-minute phone interviews, 50 questions were asked concerning their background, health care patterns, knowledge of public health services, and attitudes towards service needs in the public health sector.

The survey of 250 Montana women was completed by the Montana Survey, Interviews, and Research Firm of Great Falls. The telephone interviews were conducted by interviewers hired by the firm and located throughout the state. All of the original questionnaires, the cross-tabulations performed, and the general tabulations of the data will be available for further research to anyone interested in the information. (Contact: Dr. Vernon Goller, Maternal and Child Health Bureau, Department of Health and

Environmental Sciences, Cogswell Building, Helena, Montana 59620 (406) 449-4740.)

THE SAMPLE

Three goals for the sample were established prior to the drawing of the sample. These goals, influencing the randomness of the sample, led to the use of a Disproportionate Stratified Random Sample.

First, all women were to be of childbearing age (15-44). In order to reflect the different stages of the childbearing years, the sample was disproportionately stratified to represent the incidence of child birth by maternal age. Hence, for 1980, 12 percent of total Montana births were to women under the age of 19, 84 percent to women 20-24, and 4 percent to women over 35. The sample yielded the following proportions: 19 percent of the women interviewed were between the ages of 15-19, 67 percent were between 20-24, and 14 percent were over 35.

To avoid a possible bias towards women not working outside the home, all interviews were conducted after 6:00 p.m.

The second goal set for the sample was that 56 percent of the women interviewed would be from the seven major urban counties. These counties contain 56 percent of the total state population (Lewis and Clark, Gallatin, Missoula, Flathead, Cascade, Silver Bow, and Yellowstone). The completed sample contained 59 percent of the responses from these counties. Of the remaining 49 counties, 12 were then randomly selected to be included in the sample. The counties drawn out for sample were Richland, Beaverhead, Deer

Lodge, Fallon, Hill, Ravalli, Custer, Valley, Toole, Dawson, Fergus, and Sanders. On a regional basis, the sample broke down as follows:

REGION IA: 9% of sample (Valley, Richland, and Dawson Counties)
REGION IB: 6% of sample (Custer and Fallon Counties)
REGION II: 20% of sample (Toole, Cascade, and Hill Counties)
REGION III: 21% of sample (Fergus and Yellowstone Counties)
REGION IV: 21% of sample (Lewis and Clark, Gallatin, Silver Bow, Deer Lodge, and Beaverhead Counties)
REGION V: 23% of sample (Missoula, Sanders, Ravalli, and Flathead Counties)

The third goal set for the sample was that 20 percent of the women interviewed must reside in households with total annual incomes of less than $7,500. The 20 percent figure was arrived at with two factors in mind.

First, according to a special study conducted in 1976 by the Department of Health, Education, and Welfare and the Bureau of Census, 11.5 percent of all persons in Montana were determined to have incomes below the federally determined poverty level.[1] A 12 percent figure was then set as the minimum number of low income people who must be interviewed.

Second, in order to lessen the bias of interviewing only people with telephones, an additional 5 percent was added to the low income category requirement. According to the Community and Education Relations office at Mountain Bell, 4.5 percent of Montana residents do not have telephones in their service area. This factor was the basis for the increase to 17 percent of the number of low income women to be interviewed.

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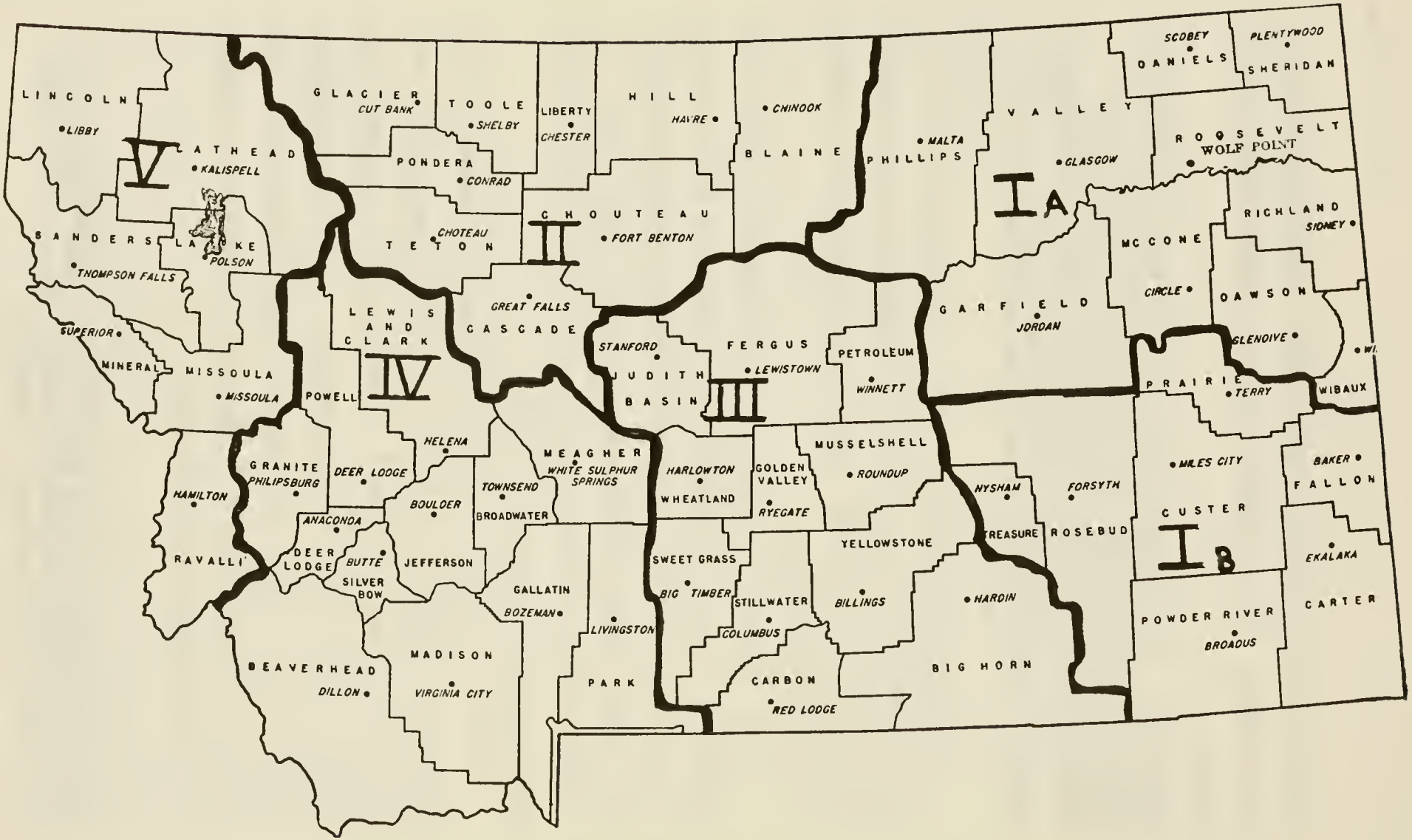
[1] Table 25: Survey of Income and Education. Demographic, Social, and Economic Profile of the States, Spring 1976. Department of Health, Education, and Welfare. Source: Research and Information Bureau, State Department of Commerce.

MONTANA HEALTH PLANNING REGIONS



The actual sample yielded 21.2 percent of the women in low income categories; 19.8 percent of those residing in households with at least two persons.

THE RESULTS

The results of the telephone survey are presented on a statewide basis. If significant differences between the regions appeared, those differences are noted within the content of this summary. A copy of the questionnaire used for the telephone survey is located in Appendix A.

Background Information

1. Age of the women interviewed:

15-19	19.0%
20-34	67.0%
35-44	14.0%

2. Total household income:

Under $7,500	21.2%	$15,000 - $20,000	18.8%
$7,500 - $10,000	11.2%	Over $20,000	33.3%
$10,000 - $15,000	15.4%		

3. Number of persons currently residing in households with incomes below $7,500: 19.8% within households of 2 or more persons.

4. Number of children within household:

No children:	22%
With children:	78%

Ages of children:

Under 5 years:	35.2%	10-14 years:	18.9%
5-9 years:	27.9%	15-18 years:	17.9%

5. Employment status of the male head of the household:

Employed	72.8%
Unemployed	11.5%
No male present	15.6%

There were variations by regions of the employment status of the male head of the household.

	Regions						
	IA	IB	II	III	IV	V	State
Employed	81%	63%	67%	72%	73%	71%	73%
Unemployed	0	6%	12%	11%	8%	20%	11%
No male	19%	31%	16%	11%	19%	9%	15%
No response	0	0	4%	6%	0	0	2%

The greatest variation appears in Region IA and IB in the low employment rate and above average number of households with no male present in IB. Region V has the greatest unemployment rate.

6. Employment status of the female head of the household:

52.8%	Employed
47.1%	Not employed outside of the home

There are slight variations by regions of the employment status of the female head of the household.

	Regions						
	IA	IB	II	III	IV	V	State
Employed	52%	50%	61%	53%	55%	41%	52%
Not Employed	48%	50%	35%	43%	45%	59%	46%
No Response	0	0	4%	4%	0	0	2%

The greatest variations appeared in Region V with the highest number of women not working outside of the home and in Region II with the highest number of women employed.

7. Marital Status:

Single	26.6%
Married	67.2%
Divorced	4.0%
Widow	2.0%

8. Method used to finance health care:

Private medical insurance	81.0%
Indian Health Service	.8%
Medicaid	2.4%
No insurance, cash only	13.7%
No response	2.0%

Special Note: Of the 56 women interviewed living with households with incomes of less than $5,500, 30.3 percent of the women financed their health care on a cash-only basis. The state average for all incomes as cited above is 13.7 percent.

There were significant differences in the methods used to finance health care by regions:

	Regions						
	IA	IB	II	III	IV	V	State
Private	95%	81%	82%	77%	89%	70%	81.0%
IHS	0	0	2%	2%	0	0	.8%
Medicaid	0	0	6%	2%	0	4%	2.4%
Cash only	5%	19%	8%	13%	11%	23%	13.7%
No response	0	0	2%	6%	0	3%	2.0%

The difference to note here is in Region IA and V. In Region IA, 95 percent of the women surveyed had private medical insurance to insurance to finance their health care - less than 5 percent were cash only. In contrast, only 70 percent of the sample in Region V had private insurance, with 23 percent being on a cash only basis.

Awareness of Public Health Services

9. Does your county have a public health department:

86.9% - yes
1.6% - no
11.4% - did not know

10. Does your county provide a public health nurse to serve your area?

64.4% - yes
4.9% - no
30.6% - did not know

There were significant differences by regions of the women's awareness of public health services in their counties. When asked if there was a public health department in their county, the following responses were recorded:

	Regions						
	IA	IB	II	III	IV	V	State
Yes	100%	100%	87.8%	83.0%	83.5%	82.1%	86%
No	-	-	4.0%	1.8%	1.8%	-	2%
Do not know	-	-	6.1%	13.2%	15.0%	17.8%	11%
No response	-	-	2.0%	1.8%	-	-	1%

When asked if there was a public health nurse provided in their county, the following responses were recorded:

	Regions						
	IA	IB	II	III	IV	V	State
Yes	85.7%	100%	61.2%	50.0%	62.3%	62.5%	64%
No	-	-	10.2%	11.5%	-	1.7%	5%
Do not know	14.3	-	28.5%	38.4%	33.9%	35.7%	30%
No response	-	-	-	-	3.7%	-	1%

To be noted in these two questions is the great awareness of public health services in Regions IA and IB. Of the women surveyed in those two regions, 100 percent knew there was a public health department in their county. In addition, 100 percent in Region IB knew there was a nurse in their county, followed by 86 percent in Region IA.

Special Note: 21.4 percent of the women in households with incomes less than $7,500 were unaware of a public health department in their county. Specifically, 42 percent of those women were from Region V. In Region III, the only women not knowing of a public health department were in Yellowstone County.

Special Note: 28.5 percent of the women in households with incomes of less than $7,500 were unaware of a public health nurse in their county. Specifically, 43 percent of those women not knowing of the nurse were in Region V and 31 percent were from Yellowstone County in Region III.

11. Number of women who have ever received visits in their homes from a public health nurse:

No visits: 90.2% Visits: 9.7%

	Regions						
	IA	IB	II	III	IV	V	State
Visits	9.5%	31.2%	8.5%	5.6%	5.6%	12.5%	9.7%
No visits	90.4%	68.6%	91.5%	94.3%	94.3%	85.7%	90.2%

The greatest difference of the number of women receiving visits in their home by public health nurses occurred in Region IB (sample counties: Fallon and Custer). A total of 31.2 percent of the women surveyed said they had been visited by a nurse in that region. This may be attributed to the high visibility of the public health department and the low density of the population of this region. A better explanation, however, may stem from the policy of the Custer County Health Department to make home visits to every woman who has given birth within 48 hours of her dismissal from the hospital.

Of the 19 counties surveyed, each has a local health officer; all but Deer Lodge County have public health nurses and some form of maternal and child health related service within their public health department. In the case of Deer Lodge County, a school nurse, a home health nurse, and a Job Corps nurse are employed. No nurse is specifically hired to perform general community health functions. For a complete listing of the public health services statewide, please refer to Chapter VIII - Appendix C.

Barriers to Health Care

12. What factors, if any, would keep you from seeking health care from a county health department? The following responses were recorded:

Rank	Factor	Number of Responses
1	Cost of services	22
2	Clinic hours	13
	Attitude of personnel	13
	Location of service	13
3	Lack of transportation	12
4	Lack of babysitter	7

Attention must be drawn here to the low number of responses to any of the factors as barriers to receiving health care from a public health department. It should be particularly noted that the number one factor, as cited by 22 women, was the cost of the services. Assumptions must be made here that either the women responding did not know or understand that the majority of public health services are performed at no or reduced cost to the client, or that these women simply feel that any cost for health care presents a problem for them.

13. What factors, if any, would keep you from seeking health care from a private physician? The following responses were recorded:

Rank	Factor	Number of Responses
1	Cost of services	74
2	Attitude of physician	26
3	Lack of babysitter	11
4	Attitude of personnel	9
5	Clinic hours	8
6	Lack of transportation	7
7	Other reasons	1

14. What are the two most effective ways to inform you of services provided by health agencies in your area?

Rank	Factor	Number of Responses
1	Television	132
2	Newspaper	122
3	Schools	81
4	Radio	76
5	Word of mouth	36
6	Pamphlet	27
7	Educational talks	19

Patterns of Health Care

15. Number of women receiving professional health care within the past two years:

Yes, care received: 89.4% No care received: 10.6%

Reason for seeking health care:

Illness: 34.0% Checkup: 53.1% Accident/Emergency: 12.8%

Note: The reasons cited for visits for health care are not necessarily unduplicated.

16. Number of children under 18 receiving professional health care within the past two years:

Yes, care received: 91.9% No care received: 8.8%

Reason for seeking health care:

Illness: 38.9% Checkup: 45.4% Accident/Emergency: 15.7%

Note: The reasons cited for visits for health care are not necessarily unduplicated.

Dental Health Care

17. Frequency of dental visits:

Once a year or more:	65.0%
Less than once a year:	15.4%
Emergency only:	19.6%

18. Frequency of children's dental visits:

Once a year or more:	67.8%
Less than once a year:	18.7%
Emergency only:	13.3%

19. In your opinion, does fluoride in a municipal water supply help in the prevention of tooth decay?

Yes	59.9%
No	11.3%
"It's supposed to. . ."	11.7%
Do not know	17.0%

There are significant differences to be noted in the responses to the flouride question by region. Responses by region are:

	Regions						
	IA	IB	II	III	IV	V	State
Yes	61.9%	43.7%	67.3%	64.1%	64.2%	48.2%	59.9%
No	4.7%	18.7%	10.2%	5.6%	5.6%	23.2%	11.3%
Maybe	19.0%	18.7%	12.2%	9.4%	5.6%	14.3%	11.7%
Do not know	14.2%	18.7%	10.2%	18.9%	24.5%	14.3%	17.0%

The greatest difference in opinion on fluoride appears in Region V where 23.2 percent of the women believed that fluoride does not help in the prevention of tooth decay. Of that percent, 77 percent of the negative responses came from Missoula and Sanders Counties. Region IB also had a higher than average number of negative responses to the flouride question. Region IV had the highest number of women not knowing if fluoride is beneficial or not.

Pregnancy-related Health Care

20. Number of women pregnant at the time of the survey: 6.8% (17)

21. Of the pregnant women, the actual or planned number of prenatal visits within their first three months:

No visits	5.8%
1 visit	23.5%
2 visits	17.6%
3 visits	52.9%

22. Number of women pregnant within the past two years: 26.4% (64)

23. Of the women pregnant within the past two years, the number of visits for prenatal care within the first three months of pregnancy:

2 visits or less	28.1%
3 visits	60.9%
4 visits or more	10.9%

24. Number of women pregnant within the past two years receiving a 4-6 week checkup after delivery:

No checkup: 9.3% Checkup: 90.6%

25. Number of children born within the past two years who received a 4-6 week checkup after birth:

No checkup: 1.6% Checkup: 98.4%

Of the 64 women pregnant within the past two years, 53 percent of them would like to see an increase in pregnancy-related public health services; 45 percent would like to see the services remain the same; and 2 percent would like to see the services eliminated or decreased.

For the women pregnant within the past two years, 50 percent of them would like to see nutritional services expanded in the public health sector, 37.0 percent would like to see the service remaining the same, and 13 percent would like to see the services eliminated or decreased.

Public Health Services

In this part of the survey, the women being interviewed were asked their opinion on 18 possible public health services. They were asked to state whether they would like to see the services started, expanded, eliminated, decreased, or remain the same. From this, three lists of priorities were formulated, with the number of responses determining the service's position on the list. A summary list follows the individual lists.

SERVICES THE RESPONDENTS WOULD LIKE TO SEE STARTED OR EXPANDED

Service	Responses
Child abuse counseling	203
Counseling in the care of handicapped children	172
Counseling for parents of developmentally delayed children	172
Special services for pregnant teenagers	169
Counseling in the care of developmentally delayed children	164
Counseling/treatment for alcohol and drug abuse	162
24-hour crisis telephone lines	141
Venereal disease screening/treatment	138
WIC	130
Adequate sex education	128
Abortion counseling	126
Prenatal care	119
Dental education	112
Immunizations	110
Transportation to health care	109
Home visits	104
Family planning	102
Nutritional services	96

[1] For the purposes of the survey, nutritional services were defined for the women as "menu planning, etc." There is some question in the author's mind as to whether the women had differing ideas of what that service involved, calling into question the validity of inquiries concerning nutritional services.

SERVICES THE RESPONDENTS WOULD LIKE TO SEE ELIMINATED OR DECREASED

Service	Responses
Abortion counseling	46
Nutritional services	35
Family planning	22
Adequate sex education	21
Transportation to health care	17
Home visits	15
Dental education	13
WIC	10
Special services for pregnant teenagers	7
Counseling for parents of developmentally delayed children	6
Venereal disease screening/treatment	3
Prenatal care	3
Counseling in the care of handicapped children	3
Counseling/treatment for alcohol/drug abuse	3
Counseling in the care of developmentally delayed children	3
Immunizations	1
24-hour crisis lines	1
Child abuse counseling	0

SERVICES THE RESPONDENTS WOULD LIKE TO SEE REMAIN THE SAME

Service	Responses
Immunizations	126
Home visits	122
Family planning	111
Prenatal care	109
Dental education	108
Nutritional services	104
WIC	103
24-hour crisis lines	96
Venereal disease screening/treatment	95
Adequate sex education	89
Counseling/treatment for alcohol/drug abuse	73
Counseling in the care of developmentally delayed children	72
Transportation to health care	68
Abortion counseling	67
Counseling in the care of handicapped children	61
Counseling for the parents of developmentally delayed children	57
Special services for pregnant teenagers	56
Child abuse counseling	34

SUMMARY OF THE RESPONDENTS OPINIONS ON PUBLIC HEALTH SERVICE NEEDS

Service	Number of Responses	Start/ Expand	Remain the Same	Decrease/ Eliminated
Prenatal care	231	119	109	3
Nutritional services	235	96	104	35
Child abuse counseling	237	203	34	0
Venereal disease counseling/ treatment	236	138	95	3
Transportation to health care	194	109	68	17
Family planning	235	102	111	22
Dental education	233	112	108	13
Counseling in care of developmentally delayed children	239	164	72	3
Counseling/treatment for alcohol/drug abuse	238	162	73	3
Abortion counseling	239	126	67	46
Home visits	241	104	122	15
Special services for pregnant teenagers	232	169	56	7
Immunizations	237	110	126	1
24-hour crisis lines	238	141	96	1
Adequate sex education	238	128	89	21
Counseling in the care of handicapped children	236	172	61	3
Counseling for parents of developmentally delayed children	235	172	57	6
WIC	243	130	103	10

Note: The response rate varies according to the number of "don't know" responses or lack of responses.

CHAPTER V

SURVEY OF PUBLIC HEALTH PROVIDERS

During the months of November and December of 1981, a survey was conducted throughout the state of the people who provide for or coordinate maternal and child health services at the county level. County health officers or public health nurses in each county were contacted to obtain their opinions on the needs of women and children within the realm of public health.

What health services do they feel are needed within their communities? What MCH related services are used the most? What do they feel are the greatest priorities for the women and children of their county? What problems do they see for people getting access to health care? Answers to these and other questions formed the basis of the survey of the county health officers and public health nurses.

The Sample

Early in November, 17 counties were randomly selected for personal interviews. The remainder of the counties were sent questionnaires to be completed and returned. Of the 55 counties with either a county health officer or a public health nurse, 52 or 95 percent responded to the survey. (Carter County has no health officer or public health nurse and therefore was not counted in the survey, although information was solicited from the county commissioners. Powder River County chose not to participate in the survey and questionnaires were never returned from Fallon and Deer Lodge Counties.)

A copy of the questionnaire used in the survey is located in Appendix B. In all cases the initial contact for the survey was made with the county health officer. It was at the discretion of the health officer whether to complete the questionnaire/interview personally or turn the responsibility over to the public health nurse.

The Results

The following is a summary of the responses to the survey of health officers and public health nurses. Unless there was a significant difference in responses between counties, individual county responses are not included. Specific issues or problems within the individual counties are noted elsewhere in this report.

Background

1. Approximate percentage of time spent on MCH related programs: The average amount of time spent on MCH activities for the counties was 25 percent, with a high of 50 percent and a low of 10 percent for those counties with some degree of public health services. Several counties offer no specific health services beyond the provision for a health officer and sanitarian. For a complete listing of services provided in the counties see Appendix C or the Medical Services profiles of each county in Chapter VIII.

2. Approximate percentage of budget spent on MCH related programs: The average here was 33 percent with a high of 80 percent and a low of zero for those counties providing some degree of public health services.

3. Health service needs encountered the most frequently:

Rank	Service	Number of Responses*
1	Well Child Clinics	19
2	Immunizations	18
	Prenatal Care	18
3	Newborn Visits	10
4	Family Planning	8
	Teen Pregnancy	8
5	WIC	5
6	Child Abuse	3

Others mentioned: mental health counseling, nutrition education, VD care, dental follow-up, handicapped children, parenting, home health, referrals, coordination of care, and the financial needs of the clients.

*reflects multiple responses

4. Do you feel there are adequate resources available when you need to deal with the above service needs?

Yes: 41% No: 55% "Barely": 4%

5. Do you feel there are adequate resources available when you need to refer?

Yes: 60% No: 34% "Barely": 6%

Two factors seem to account for the perceived lack of adequate resources as noted by the responses in the above two questions. First, approximately half of the counties which offered explanations to their response cited staff and funding problems as the

cause for their lack of adequate resources. Insufficient staff to provide adequate health care services to either the immediate area of outlying regions was frequently mentioned. Some examples: Chouteau County has 3,927 square miles within its borders and a population density of 1.6 per square mile. The county provides one full-time nurse and an assistant at quarter time. Lincoln County has 3,714 square miles and a population density of 4.8 per square mile with 70 miles of isolated roads between population centers. One public health nurse is provided to serve the county. Garfield County has 4,455 square miles within it and a population density of .4 per square mile with 75 miles to the nearest population center. A nurse is hired for two days per week with only a minimal budget allotment for travel.

The great distance to travel between population centers and the number of miles across each county makes extensive or regular home visits or frequent clinics almost prohibitive for the clients or the lone public health nurse. In many counties, the public health nurse is also the school nurse, further limiting the time available for other public health activities.

The second factor often cited for the feelings of having inadequate resources was simply the financial status of their clients. Several counties expressed concern for the low income, medically needy population who do not have sufficient financial resources to allow them access to the available sources

of health care. Several counties mentioned the difficulty low income women have in obtaining prenatal care because of the private medical clinic's unwillingness to provide them with care without assurance of payment. Similarly, the medically needy were also cited as encountering problems in maintaining adequate nutrition, coping with a handicapped child's needs, seeking preventive dental care, or obtaining treatment for alcohol or drug related problems.

Seven counties listed financial needs of their population as the reason for inadequate resources within their service area. Five of these seven counties are major urban counties. The irony is, of course, that it is these counties that have the greatest number of health facilities within them.

Barriers to Health Care

6. What factors, if any, do you feel would keep people from seeking care from a public health department?

Rank	Reason	Number of Responses*
1	Client unawareness of service	26
2	Client's personal reasons	21
3	Lack of transportation	13
4	Location of department	9
5	Department hours	8

*reflects multiple responses

7. What factors, if any, do you feel would keep people from seeking care from a private physician?

Rank	Reason	Number of Responses*
1	Cost of services	35
2	Attitudes of the physician	14
3	Lack of transportation	6

Others mentioned: clinic hours, location of clinics, client unawareness of services, and client's personal reasons.

*reflects multiple responses

8. What are the two most effective ways to inform consumers about service provided in your county?

Rank	Method	Number of Responses*
1	Word of mouth	45
2	Local newspaper	39
3	Radio	20
4	Pamphlet	5
5	Educational talks	5
6	Television	2

Others mentioned: civic groups, open houses, direct mailings.

9. In what ways does your department inform consumers about services provided in your county?

Rank	Method	Number of Responses*
1	Newspapers	30
2	Word of mouth	26
3	Radio	16
4	Posters	11
5	Referrals	10
6	Civic groups	9
7	Television	3
8	Educational talks	2

*reflects multiple responses

Area of Greatest Priority

10. What are the greatest priorities for women and children in your county?

Rank	Service	Number of Responses*
1	Pre and Postnatal Care	24
2	Well Child Clinics	17
3	Health Education	14
4	Nutrition	7
5	Immunizations	5
6	Pregnant Teenagers	4
7	Parenting Classes	4
8	Family Planning	3
	Home Visits	3
	WIC	3
9	Alcohol/drug problems	2
	Child Abuse	2
	Financial Need	2

*reflects multiple responses

Working With the State Office

11. Do you have any suggestions as to how the state could better provide for the health of the women and children in your county?

Approximately half of the surveyed counties offered no suggestions as to how the state could better provide for the health care needs of the women and children at the local level. The remaining counties offered comments and suggestions that generally fell in one of three categories. The majority of the comments concerned the expressed desire for more or better technical support from the state office. A sample of the comments:

> ". . . special training workshops . . . innovative programs and approaches to public health problems . . . more education materials . . . experts with relevant

> experience . . . educational opportunities for rural areas . . . nursing consultants that are keeping up to date on all new areas . . ."

A second area of comment concerned a desire for more financial assistance to the counties for increases in staff and services at that level. A sample of the comments:

> ". . . more dollars for prevention programs, not treatment programs . . . require a fee-for-service for HCS evaluations . . . more coordination of services . . ."

The remainder of the comments given were generally oriented towards state policies, staffing patterns, resource allocation, and rules. A sample:

> ". . . provide mobile Well Child Clinics with an attending physician . . . funds for nurses in rural areas . . . assistance for communities that have no doctor . . ."

12. The county health officers and public health nurses were asked their opinion on 21 public health services. They were asked to indicate whether they thought the service should be started, expanded, decreased, eliminated, or remain the same. From this part of the survey three lists were compiled.

SUMMARY OF RESPONSES TO SERVICES

Service	Number of Responses	Start/ Expand	Decrease/ Eliminate	Remain the Same
Prenatal care	45	27	-	18
Nutritional services	43	29	-	14
WIC	42	17	2	23
Transportation of clients to health care	42	20	1	21
Infertility problems	25	6	-	19
OB-GYN services	32	11	-	21
Birth control services	39	21	2	16
Abortion counseling	5	6	15	
Child abuse/neglect counseling	39	27	-	12
Babysitting services for clients	29	16	1	12
Dental education	40	23	-	17
Fluoride rinse	45	16	-	29
Dental screening	38	20	2	16
Immunization services	42	14	-	28
Alcohol/drug abuse services	38	19	-	19
Home visits	39	23	1	15
24-hour crisis phone lines	32	12	-	20
VD screening/treatment	35	11	-	24
Services for pregnant teenagers	41	30	-	11
Follow-up services for handicapped children	39	20	-	19
Services for handicapped parent	36	17	-	19
Hearing/vision/speech screenings	38	8	-	30
Child birth preparation	40	18	-	22
Child development	39	19	-	20
Infant care	38	17	-	21
Parenting skills	42	27	-	15
Accident prevention	38	17	-	21
First aid	41	15	-	26
Specific chronic illnesses	36	18	-	18
Care of handicapped children	35	13	-	22
Care of developmentally delayed children	35	15	-	20

Note: The response rate varies due to several questionnaires which were incomplete when returned.

SERVICES TO BE STARTED OR EXPANDED

Service	Number of Responses
Special services for pregnant teenagers	30
Nutritional services	29
Prenatal care	27
Child abuse counseling	27
Home visits	23
Dental education	23
Family planning	21
Dental screening	20
Follow-up services for handicapped children	20
Alcohol/drug abuse programs	19
WIC	17
Services for handicapped parents	17
Babysitting services for clients	16
Fluoride rinse program	16
Immunizations	14
24-hour crisis lines	12
VD screening/treatment	11
OB-GYN services	11
Hearing/vision/speech screens	8
Infertility problems	6
Abortion counseling	5

SERVICES TO BE DECREASED OR ELIMINATED

Service	Number of Responses
Abortion counseling	6
WIC	2
Family planning	2
Dental screening	2
Transportation to health care	1
Babysitting services for clients	1
Home visits	1
Services for pregnant teenagers	1

SERVICES TO REMAIN THE SAME

Service	Number of Responses
Hearing/vision/speech screenings	30
Fluoride rinse	29
Immunizations	28
VD screening/treatment	24
WIC	23
Transportation of clients to health care	21
OB-GYN services	21
24-hour crisis phone line	20
Infertility problems	19
Alcohol/drug problems	19
Follow-up services for handicapped children	19
Services for handicapped parent	19
Prenatal care	18
Dental education	17
Family planning	16
Abortion counseling	15
Home visits	15
Nutritional services	14
Child abuse counseling	12
Babysitting services for clients	12
Services for pregnant teenagers	11

CLASSES/COUNSELING TO BE STARTED OR EXPANDED

Service	Number of Responses
Parenting	27
Child development	19
Child birth	18
Specific chronic illnesses	18
Infant care	17
First aid	15
Care of developmentally delayed children	15
Care of handicapped children	13

13. The health officers and public health nurses were asked to indicate which services were available within their public health department. From this information a list was compiled that shows the most commonly provided public health services at the local level.

MOST COMMONLY PROVIDED SERVICES AT LOCAL LEVEL

Service	Number of Responses
Immunizations	42
Blood pressure screens	37
WIC	37
Home visits	31
Preschool screens	28
Follow-up services for handicapped children	26
Nutritional services	25
Prenatal classes	24
Well child clinics	24
Dental education	18
Child abuse counseling	17
Family planning clinics	15
Follow-up services for developmentally delayed children	15
Special services for pregnant teenagers	15
Parenting classes	13
Diabetes screening	12
Alcohol/drug abuse treatment/counseling	12
VD screening	11
Mental health counseling	10
Fluoride rinse	8
Transportation to health care for clients	2
Genetic risk evaluations	1

OVERVIEW OF THE SURVEYS

Probably the most interesting observation the reader has made in reviewing the results of the two surveys is the divergence of opinion between Montana women and public health providers on public health services they would like to see started or expanded. Similar opinions were expressed on the need for increased services for pregnant teenagers and child abuse situations. Special services for pregnant teenagers was first on the list of public health providers and fourth on the list of Montana women. Similarly, child abuse counseling was fourth on the list of the public health providers and first on the list of Montana women.

These two services appear to be the only priorities the two survey populations agreed upon. The greatest divergence of opinion occurred in the areas of prenatal care, nutritional services, home visits, family planning, and dental education. All these services were ranked very low on the list of priorities in the survey of Montana women, yet were high on the list in the survey of public health providers.

Two observations can be noted from this difference of opinion. First, if desire for increased services can be translated into perceived needs, then Montana women are not receiving the services they feel they need. This, in essence, represents a gap in information and understanding, probably from both the provider and consumer perspective.

The first step necessary to remedy this situation would seem to be acknowledgement by public health providers of the importance

of the perceived needs of the public. For instance, three of the top five priorities for service indicated on the survey of Montana women involved care of handicapped and developmentally delayed children. With this in mind, public health providers should work first to inform the public about the availability of existing services, and, lacking those services, their priorities of services currently offered should be evaluated. Until these perceived needs of the public are met in some way, it seems unlikely that the public is going to place similar importance on the services the public health providers see as the greatest areas of need.

Second, the divergence of opinion on needed services also points to a tremendous need for health education. The public should be educated to place greater importance on the vital areas of preventive health which includes each of the areas ranked lowest on the priority list by Montana women: nutrition, prenatal care, dental education, and family planning. The second step which should be taken by the public health providers, after meeting the perceived needs of the public in some manner, is to emphasize earnestly the importance of preventive health care.

CHAPTER VI

NATIVE AMERICANS

Native Americans comprise the largest racial minority group in Montana, accounting for 4.7 percent of the population in 1980. Approximately half of Montana's Native Americans live on one of seven reservations scattered throughout the state. Health care services for the residents of the reservations are provided primarily by the Indian Health Service system and supplemented by specific tribal health programs.

A Look at the History of Indian Health Care

Indian health became a federal line item in 1911 when Congress appropriated $40,000 for services, after decades in which first military and then civilian physicians on federal salary provided some sporadic treatment. In 1921 the Synder Act authorized, somewhat vaguely, spending for the "relief of distress and conservation of the health of Indians." But the programs were never well funded nor fully staffed and Indian health suffered from the combined effects of the neglect, plus poverty and other social problems. In 1954 Congress transferred the administration of the Indian health programs to the Department of Health, Education and Welfare's Public Health Service, while continuing to fund the program through the Department of Interior. This transfer brought some progress, but even in 1976 "Indian communities and Native villages were plagued with concerns other American communities had forgotten 24 years previously," according to the Senate Select Committee on Indian Affairs' May 15 report on S2728.

During the session in 1976, Congress passed the Indian Health care Improvement Act (PL 94-437). One major feature of the Act was the authorization of new health programs for "urban" Indians living away from the reservation. It had been the policy of IHS to locate health services on reservations, although by some estimates, as many as half of the nation's Indians live off the reservation.

Indian Health Problems

According to a report prepared by the Congressional Quarterly in 1980, recent statistics show that Indian infant mortality and death from certain childhood illnesses have dropped more than 70 percent since 1955. Death rates from childbirth, tuberculosis, pneumonia, and many other treatable or preventable conditions have also fallen significantly for Indians. But the statistics obscure, the report continues, how much "catching up" Indians had to do from a dismal record of illness and early death.

"Typically, in light of the health statistics and epidemiological rates, the Native American population has been characteristic of a developing country within a developed country," according to Dr. Dana Copp, Patient Care Coordinator at the Billings area IHS office. "Only recently," continues Dr. Copp, "have health related problems of the Native Americans moved towards reflecting the incidence of health problems similar to that of the general population.[1]

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[1]Interview with Dr. Copp, December 8, 1981.

Eligibility for Care

Generally, under the IHS system, all Indians and their dependents have access to all direct health care services provided at IHS facilities. This includes living off the reservation, in urban areas, and "landless" Indians. Separate health service funds are used to purchase services or "contracted care" from private physicians and organizations in areas of specialties that IHS lacks. The current IHS rules governing this contracted care state that only enrolled members living on or near a reservation may be eligible for contract care through the reservation IHS program. If the person is off the reservation for over 180 days, the person becomes ineligible for contract care services. However, absence from the reservation does not affect their entitlement to IHS direct care services or IHS coverage in emergencies. Unfortunately, recent federal cutbacks have severely limited the allocation to each reservation for contracted care. At present, IHS providers may only make referrals for contracted care at non-IHS facilities in cases deemed to involve an emergency situation, defined as "necessary to prevent death or physical disability." When all available funds for referrals are spent, IHS continues to make referrals, although the patient is informed that the care cannot be covered by IHS funds.

Urban Indians

Lifestyles of Native Americans generally differ dramatically from the general population, necessitating different approaches to health care. Understanding this need and recognizing that nearly

half of the nation's Native American population do not live on reservations, Congress established Urban Indian Health Centers in 1976. In creating these centers, Congress noted that Indians had built up "confidence" in federal Indian health services, and "progress toward the goal of better Indian health is dependent on this continued growth of confidence."

As a part of the Indian Health Care Improvement Act of 1976, 41 Urban Health Centers were established nationwide. In Montana, medical centers now exist in Billings, Missoula, Helena, and Great Falls. Outreach, transportation, and referral services are available in Butte, Anaconda, and Miles City. Current proposed federal budget cutbacks may eliminate all federal funding for these Urban Centers.

Maternal and Child Health Activities

Medical care for Indian women and children is available at all IHS facilities.[1] Inpatient services (pediatrics, obstetrics, medical) are available at IHS hospitals in Browning and Crow and Fort Belknap-Harlem. Outpatient clinics, prenatal and well child clinics, home visits, and clinic counseling by community health nurses and referrals to specialists are generally available on each reservation. WIC services and the Child Nutrition program are provided on each reservation through the Tribal Health Department.

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[1]The only variation of medical care is on the Flathead Reservation. Here, IHS has developed a system of contractual arrangements with health care providers from the private sector. With this arrangement, IHS has assumed a role similar to that of an insurer, merely processing and paying bills for medical services utilized by Tribal members. The Tribal Health Department contracts with IHS to provide certain preventive and education services.

The following information briefly summarizes statistically the MCH activities of the IHS programs. The information is taken directly from "Summary of MCH Activities" as compiled by the Billings area Indian Health Service Office. The Billings area IHS office encompasses the seven Montana reservations, as well as the Wind River Reservation in Wyoming.

Family Planning

From 1967-69 the birth rate for the Billings area IHS declined. Since 1970 it has leveled off at a rate of 2 to 2½ times the United States all races rate. In 1979 the high birth rate continued at 35.2 per 1,000 live births.

According to reports from the Service Units, only 11.7 percent of the women 15-44 years of age are using contraceptives provided by IHS.

AGE SPECIFIC FERTILITY RATES AND PERCENT DISTRIBUTION OF LIVE BIRTHS
Billings Area Indian Health Service Office 1979 (CY)

	L T 15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	TOTAL
Total Births	4	110	216	514	292	117	38	5	0	1296
Population (estimate)		1011.6	674.4	1686.0	1003.0	1003.0	820	820		7018
Fertility Rate		108.7	320.3	304.9	291.1	116.7	46.3	6.1		184.7
% Distribution	0.3	8.5	16.7	39.7	22.5	9.0	2.9	0.4	0	100%

Teenage Pregnancy

In 1979, 114 births were to women under 18 years of age. This represents 8.8 percent of the total births. For 1979 the age specific fertility rate for 15-17 year olds is estimated to be 108.7 births per 1,000 women. For comparison, the fertility rate for 15-17 year olds for all races was 36.6 in 1975.

NUMBER OF LIVE BIRTHS TO WOMEN
UNDER 20 YEARS OF AGE
Indian Residents - Billings Area IHS Office
1974-79

AGE	1974	1975	1976	1977	1978	1979
12	0	1	0	0	0	0
13	2	2	0	2	0	0
14	3	4	1	6	0	4
15	10	19	20	23	10	12
16	34	34	36	42	43	27
17	66	72	66	65	79	71
18	82	85	87	101	108	104
19	94	112	119	111	121	112
TOTAL:	291	329	329	350	361	330

Abortion

The number of Montana Indian women electing to have an induced abortion has steadily increased since 1975. There were 147 Montana Indian women who had abortions in 1979. This is a ratio of 113.7 abortions per 1,000 live births. Note: Current HHS rules allow IHS funds to be used for abortions only in cases where a physician certifies that an abortion is necessary to save the life of the mother.

Prenatal Care

With the WIC program encouraging prenatal care, there was an increase in the percent of women seeking prenatal care in the first trimester from 49.1 percent in 1974 to 57.6 percent in 1979, according to the MCH Consultant for the Billings area Indian Health Service. A special tracking system has been established to monitor the entrance of pregnant women into prenatal care.

TRIMESTER OF FIRST PRENATAL CARE VISIT
CY 1974 and CY 1979

SERVICE UNIT	YEAR	FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER	NO PRENATAL CARE	UNKNOWN
Blackfeet	74	30.5	34.7	24.0	9.6	1.2
	79	47.6	35.2	8.4	7.0	1.8
Crow-Northern Cheyenne	74	46.4	29.0	18.6	6.0	0
	79	49.8	30.4	13.7	5.1	1.0
Flathead	74	59.8	25.0	12.8	0.6	1.8
	79	70.2	23.2	4.0	1.0	1.5
Ft. Belknap	74	55.5	27.8	9.3	7.4	0
	79	61.4	28.9	8.4	1.2	0
Ft. Peck	74	53.8	26.9	16.0	3.4	0
	79	65.8	23.9	6.8	3.4	0
Rocky Boy's	74	61.3	18.7	13.3	6.7	0
	79	60.0	32.2	6.7	1.1	0
Area Average	74	51.2%	27.0%	15.7%	5.5%	.5%
	79	59.1%	28.9%	8.0%	3.1%	1.4%

Low Birth Weights and Infant Deaths

In 1979 the percent of low birth weights on Montana reservations remained at 5.2 percent of live births. The corresponding rate for the total Montana population was 5.8 percent.

The neonatal mortality rate for the Montana Indian population for 1977-79 was approximately the same as the Caucasian population. The post-neonatal mortality rate for Montana Indians was, however,

significantly higher than the Caucasian rate. From an examination of the death certificates, the higher post-neonatal death rate was attributed to a greater incidence of deaths from pneumonia in Indian infants.[1]

[1]"Examination of Montana Birth-Death Certificates 1977-79." Analysis prepared by Smouse Research Associates for the Improved Pregnancy Outcome project.

INFANT DEATHS FOR THE YEARS 1977-79 CONTROLLED FOR RACE AND WEIGHT

	TOTAL					CAUCASIAN					INDIAN					OTHER		
	BIRTHS	INFANT DEATHS				BIRTHS	INFANT DEATHS				BIRTHS	INFANT DEATHS				BIRTHS	INFANT DEATHS	#/ 1000
		NEO	#/ 1000	POST	#/ 1000		NEO	#/ 1000	POST	#/ 1000		NEO	#/ 1000	POST	#/ 1000			
UNDER 2500	2,413	220	91.2	30	12.4	2,129	197	92.5	25	11.7	241	20	83.0	4	16.6	43	4	93.3
OVER 2500	38,452	82	2.1	120	3.1	34,485	69	2.0	88	2.6	3,514	11	3.1	31*	8.8	453	3	6.6
TOTAL	40,865	302	7.4	150	3.7	36,614	266	7.3	113	3.1	3,755	31	8.3	35*	9.3	496	7	14.1

NEO = NEONATAL DEATHS 1 to 28 DAYS

POST= POST-NEONATAL DEATHS 29 DAYS to 1 YEAR

#/1000 = NUMBER OF DEATHS PER 1000 LIVE BIRTHS

THE NUMBER FOR THE "OTHER" CATEGORY NOT BROKEN DOWN INTO NEO AND POST-NEO

* THE SIGNIFICANT DIFFERENCE FROM THE TOTAL IS LESS THAN P= .0001

Preventive Health Services

Analysis of the data for three of the Montana Service Units shows a ratio of visits for preventive health services to births for infants at 3.4-3.8 and for children 1-4 years of 1.2-1.4. This is a reasonable rate for children 1-4 years, but the ratio for infants falls short of the recommended 6 visits for preventive health services during the first yrear. At the Blackfeet Reservation where there is a pediatrician on staff, 76.7 percent of the infants were seen for preventive health services in the first month, whereas at the Fort Belknap and Fort Peck Reservations only 42.9-48.3 percent of the infants were seen during the first month.

Immunizations

During the past three years, considerable energy has been expended in having children 3-27 months of age appropriately immunized for their age. As a result, nearly all of the Service Units have achieved and sustained high immunization levels.

PERCENT OF CHILDREN
APPROPRIATELY IMMUNIZED FOR AGE
3-27 Months - Billings Area IHS Office 1978-81

Service Unit	Sept. 30, 1978	March 31, 1981
Flathead	33%	87%
Blackfeet	47%	92%
Rocky Boy's	62%	100%
Fort Belknap	84%	95%
Fort Peck	58%	91%
Northern Cheyenne	95% *	89%
Crow	73%	93%

*According to the MCH consultant of the Billings area IHS office, this report was in error. The actual immunization level was closer to 55%.

Source: Service Unit Reports

Special Health Problems

Over the past three years, developmental assessment clinics were conducted quarterly on the Fort Peck Reservation in order to provide a team approach to assessing and planning for those children with handicapping conditions complicated by social situations. Attempts were made to establish similar routine clinics on the Rocky Boy's, Fort Belknap, and Northern Cheyenne Reservations, where a team approach was also used. A pediatrician on the Blackfeet Reservation has staffed specialty clinics in cardiology, facial anomalies and birth defects, including fetal alcohol syndrome.

In addition to these developmental assessment clinics, a special communications disorders program is operating on each of the reservations. Each reservation has a specially trained person to screen for hearing and speech problems. Upon identification, these children are referred to a three-person team to evaluate the case and, if necessary, perform surgery. This medical team operates out of the Billings Area Office.

Each year the individual reservations make a determination of which health care problems will be focused upon that particular year. Bringing all children up-to-date on their immunizations, fetal alcohol syndrome, family violence, accidental deaths, and child abuse and neglect are examples of areas receiving special emphasis.

Data Collected by IHS

Demographic data, clinic and hospital workloads, morbidity and mortality data for a wide variety of conditions are collected by

each service unit. The information is then sent to the area office in Billings where it is compiled and put on computer. (For further information on any specific data needs contact: Harvey Lich in Program Planning for information on data concerning direct care services, and Jerry Zitur for data on contract care services - phone number: 657-6645.)

"Last Dollar" Policy

According to the Billings Area IHS office, the contract care system of the Indian Health Service is defined by Congress as a "residual resource." This definition requires that IHS use all other mechanisms before funding the contracted care service themselves.[1] Private insurance, Medicaid, the Improved Pregnancy Outcome Project, and Handicapped Children's Services program are examples of funding sources utilized prior to IHS funds.

Needs Assessment Survey

Medical programs provided by the Indian Health Service on Montana's reservations constitute an additional source of maternal and child health care in the state. Consequently, the Indian Health Service on the reservations were included in the group of providers or coordinators of MCH programs surveyed for the needs assessment.

During the months of November and December of 1981, three reservations were randomly selected for personal interview, the

[1] Interview with Dr. Dana Copp, Patient Care Coordinator, Billings Area Indian Service Office.

remaining four were sent questionnaires to be completed and returned. Of the seven, five responded to the survey.

Similar questions to those asked of the county health officers and public health nurses were asked of the Service Unit Directors of the IHS and/or the public health nurse for IHS.

A caution in reviewing the survey results must be noted. The following information reflects the opinions of five of the seven Service Unit Directors on the reservations. Tribal health officers or directors of the Urban Health Centers were not similarly involved in the survey and, therefore, assumptions about their opinions on needed services cannot be made.

The Results

1. MCH-related health service needs encountered the most frequently:

Rank	Service	Number of Responses
1	Pre and postnatal care	5
2	Family planning	3
	Well Child Clinics	3
3	Child protection services	2

2. Are there adequate resources available when you need to refer?

   Yes: 0 No: 5

3. Are there adequate resources available for the service demands?

   Yes: 0 No: 5

4. What are the most effective ways to inform consumers about your services?

   #1 - Word of mouth
   #2 - Local newspaper

   Note: Of the several items listed in the survey, these were the only two which received a response.

5. What are the areas of greatest need for the women and children in your service area?

Rank	Service	Number of Responses
1	Nutrition	3
	Family planning	3
	Well Child Clinics	3
2	Health education	2

Others mentioned: parenting, teen pregnancy, middle ear infections, fetal alcohol syndrome, and crisis intervention.

6. The Service Unit Directors and Public Health Nurses were asked their opinion on 21 public health services. They were asked to indicate which services they would like to see started, expanded, decreased, eliminated, or remain the same. The following is a summary of the responses.

Service	Start/Expand	Decrease/Eliminate	Remain the Same
Prenatal Care	3	0	2
Nutritional Services	5	0	0
WIC program	2	0	3
Transportation of clients to health care	4	0	1
Infertility Problems	4	0	1
Ob-Gyn Services	3	0	2
Birth Control Services	5	0	0
Abortion services	3	1	1
Child Abuse/neglect counseling	5	0	0
Babysitting services	4	0	1
Dental Education	4	0	1
Fluoride Rinse	3	0	2
Dental Screening	2	0	3
Immunization Services	3	0	2
Alcohol/drug abuse services	3	0	2
Home Visits by nurses	3	0	2
24 Hr crisis phone lines	5	0	0
VD screen/treatment	4	0	1
Special services for pregnant teenagers	4	0	1

Services continued

Service	Start/Expand	Decrease/eliminate	Same
Follow-up services for handicapped children	4	0	1
Services for handicapped parent	3	0	2
Hearing/vision/speech screening	2	0	3
Counseling/Education in these areas:			
Child Birth Preparation	5	0	1
Child Development	3	0	2
Infant Care	2	0	2
Parenting Skills	4	0	1
Accident Prevention	4	0	0
First Aid	4	0	0
Specific Chronic illnesses	3	0	2
Care of handicapped children	3	0	1
Care of developmentally delayed children	3	0	1

CHAPTER VII

REFUGEES

THE INDOCHINESE POPULATION IN MONTANA

Since 1975, nearly 300,000 Indochinese refugees have been relocated in the United States. Approximately 700 of these refugees have settled in western Montana, primarily in Missoula and Ravalli Counties.

The heavy influx of refugees in 1978-79 was initially a shock to the health and social service systems within those counties. With the passage of the Refugee Act of 1980, the federal government alleviated that strain by providing grants to states and localities to provide settlement services to the refugees. The Act, PL 96-212, authorized up to 100 percent reimbursement to states and localities for cash and medical assistance for the refugees for three years after their arrival in this country. The resettlement programs centered on provision of education and health services but did include special grants for job training, interpreters, and transportation.

Health Problems of the Refugees

The health status of the refugees presented new and complex problems for health care providers. Intestinal parasites, lack of immunizations, high rates of anemia, acute malnourishment, and chronic disorders related to vitamin deficiency were common problems for the refugees. In addition, higher incidences of typhoid,

tuberculosis, hepatitis B, and malaria were found within the population. Some of the health problems could be remedied within a relatively short period of time by nutritional programs, immunization clinics, sanitary water supplies, and improved living conditions. Other problems, however, will require long-term monitoring and treatment.

The health care providers in the communities receiving refugees had little advance notice of the type and extent of the health problems now within their communities. Medical books were reopened and consultation sought as unfamiliar health problems were encountered within the new population.

The following is a list of suggested guidelines for physicians providing care for Indochinese refugees. The guidelines are reprinted directly from an article by Roy V. Erickson, M.D., and Giao Ngoc Hoang, M.D., M.P.H., in the American Journal of Public Health 1980 Vol. 70, No. 9.

--All basic medical exams should include CDC, stool exam for ova and parasites, TB skin test and/or PA chest x-ray and HbSAg determination.

--Physicians should expect: hemalotogical disorders, especially eosinophilia, anemia and microcytosis. As there is significant prevalence of abnormal hemoglobins among the patient population, a hemoglobin electrophorisis is suggested for any patient with microcytosis and/or anemia.

--Thyroid disease, with euthyroid goiters in particular are prevalent in the adult population, most likely as a result of an iodine deficiency.

--Infectious diseases are common, including not only TB and intestinal parasitism, but skin infections, otitis media, conjunctivitis and malaria.

--Psychiatric problems may become a major health problem.

Current Problems

Several problems continue in providing health care for the refugees. One major problem which presents itself is that the transition for the Indochinese into western medicine is a slow and belabored process. This problem persists, according to Ethel Montgomery, Director of Field Nursing for the Missoula County Health Department, "particularly for the Hmong* population that had almost no previous exposure to western culture or the English language." Preventive health care, recognition of symptoms, and decision-making on when to seek medical care are each areas in which the refugees are in need of a tremendous amount of education.

Aggravating the health education problem is the persistent language barrier. A special grant to Missoula County has provided for an interpreter to work with the county health department which has subsequently eased this aspect of the health education problem.

A second problem the health and social services are contending with, according to Henrietta Brandon, Nursing Supervisor for Ravalli County Health Department, is the need to help the refugees "resettle" into a life without dependency on the government programs that provided for their care during the allowed three-year settlement period. The transition, according to Brandon, from complete medical coverage to no coverage has been difficult for the refugees to adjust to and to understand. Once off the medical assistance

*The Hmong population came to Montana after fleeing their native Laos when the Communist government began to take over after the war. In Laos, the Hmong were a special ethnic agricultural-oriented population.

program, the refugees are generally seeking medical care in emergency situations only. Home deliveries are expected to rise dramatically as the refugees attempt to cope with the high rate of unemployment and their lack of medical assistance. Even in situations where an employed member of a household has employer-sponsored insurance coverage, medical care is not being sought. This, Montgomery explains, is often due to the fact that the employed member of a household is supporting numerous other families and is, therefore, unable to afford the policy deductibles.

Further complicating the problems of health care for the refugees is a new federal rule effective April 1, 1982, cutting the allowed resettlement period from 36 months to 18 months. This is a particular hardship for the Hmong population, according to Montgomery, because of the great cultural gap that persists and slows the educational process. With few refugees being able to find employment and their medical coverage ending, the prospect for the refugees to obtain and maintain proper health care appear negligible.

Some of the Indochinese refugees may become eligible for other assistance programs, primarily AFDC and Medicaid. Others will be eligible for local general assistance only. The current federal policy allows for federal reimbursement for costs to the localities for general assistance payments to the refugees. It also provides reimbursement for the state's portion of other assistance programs for the refugees' second 18 months in the country.

To meet what Missoula County is seeing as a burgeoning need for health care, a Well Child Clinic is being established to serve

the refugee children. During a period of high unemployment, these and other innovations should ease the transition for the refugees away from a dependence on the medical assistance program and yet continue to encourage them to maintain patterns of good health care.

Other communities are now beginning to experience the problems in providing health care for the refugees. As the economy worsened in Missoula County, several Indochinese families recently moved to Billings with hopes of obtaining employment. The Yellowstone County Health Department now faces the same problems Missoula and Ravalli Counties experienced five years ago. Yellowstone County health care providers must be educated in special refugee health problems. They will also need assistance in applying for grants for interpreters and assistance in establishing funding mechanisms for the provision of medical assistance payments to eligible refugees. It is expected that as the refugee population becomes increasingly mobile, more communities will be faced with similar needs.

BECAUSE OF THE PREPARATION NECESSARY TO ADEQUATELY MEET THE SPECIAL CARE NEEDS OF THE REFUGEE POPULATION, IT IS RECOMMENDED THAT SDHES PROVIDE THE COORDINATION OF SPECIAL TRAINING OPPORTUNITIES FOR HEALTH CARE PROFESSIONALS WHO WILL BE PROVIDING SERVICES TO THIS POPULATION. THE INVALUABLE RESOURCE OF THE HEALTH CARE PROFESSIONALS IN MISSOULA AND RAVALLI COUNTIES SHOULD BE UTILIZED IN TRAINING OTHER COMMUNITIES TO MEET THE SPECIAL NEEDS OF THESE NEW MONTANANS.

CUBAN AND HAITIAN ENTRANTS

Although it is a continual on-again/off-again proposal, plans to house 300-600 Cuban people at the Glasgow Valley Industrial Park continue to linger. Under the proposed arrangements, the Immigration and Naturalization Service would administer the refugee center. A mixture of other federal agencies, including the Office of Refugee Resettlement and Public Health Service, would bear a prorated portion of the costs of the center.

Based on a decision made by President Carter in Executive Order 12251 in November of 1980, Cuban and Haitian entrants will now be granted the same eligibility for cash and medical assistance programs as the populations that receive specific granting of refugee status. By federal definition, Cuban or Haitian persons entering this country without refugee status under the Immigration and Naturalization Act are considered "entrants" and were not initially eligible for resettlement programs. The population originally planned for the Glasgow Center, however, would be in federal custody and would eventually be relocated throughout the country with no anticipated impact on state assistance programs.

Currently, Montana state officials do not foresee the Cuban or Haitian population being brought to the Glasgow site.

CHAPTER VIII

COUNTY PROFILES

This chapter was prepared primarily for use by individuals at the state and local levels. Information was collected from numerous sources and incorporated in the tables to present an overview of maternal and child health related factors for each county. Hopefully the tables will provide the reader with sufficient information to make a personal interpretation of the health status of women and children in each county.

A two-page profile, including maternal and child health related statistics and an inventory of medical services relating to maternal and child, is provided for each county. Following the county profiles, tables of individual indices for the entire state are included.

General Data Considerations

The data provided in this chapter has been collected from numerous sources. As much as possible, the most current information available was used. Due to the limitations inherent in data collection and reporting, the following considerations should be kept in mind while reviewing the information contained in this chapter.

1. The sources, descriptions, and possible restrictions of all data are listed at the beginning of the individual county listings.

2. Some counties with small populations may have a low incidence of a given characteristic. In these cases, a single death or instance may give an unrealistic view of the actual circumstances. Care should be used before conclusions based on such data are reached.

3. Every effort has been made to include data of known statistical reliability. In general, this means that the data are from the decennial census, state department's information management systems, and statewide surveys. All of these are subject to reporting and measurement error and the possibility exists that the accuracy of the collecting mechanism may vary from year to year.

EXPLANATION OF HEALTH STATUS INDICATORS USED IN COUNTY PROFILES

(Complete Tables Follow County Profiles)

1980 Population: Advance Counts 1980 U.S. Census. See Table 1.

Population Density: Reflects population per square mile.
Formula: Population/Area.

Number of Women 15-45: Reflects number of women of childbearing age. Source: Advance Counts U.S. Census, 1980. See Table 1.

Number of Children Under 21: Advance Counts U.S. Census, 1980. See Table 1.

AFDC Recipients: Aid to Families of Dependent Children recipients. Data reflected the monthly averages for state fiscal year 1981. These figures are not necessarily unduplicated counts. Source: Statistical Report, State Fiscal Year 1981, Department of Social and Rehabilitation Services. See Table 2.

AFDC Recipients Under 19: Aid to Families of Dependent Children to Women Under 19. Data reflect the current age of the January 1982 caseload. Percent of recipients of ADC under 19 shown in comparison to entire state caseload for the month. Source: unpublished data from the Bureau of Statistics and Research in the Department of Social and Rehabilitation Services. See Table 2.

Medicaid Recipients: Data reflect the monthly averages for state fiscal year 1981. These figures are not necessarily unduplicated counts. Source: Statistical Report, State Fiscal Year 1981, Department of Social and Rehabilitation Services. See Table 3.

General Fertility Rate:
Formula: $\frac{\text{Number of Montana resident live births in 1980}}{\text{Number of women 15-45 in 1980}} \times 1{,}000$
See Table 6.

Infant Deaths: Reflects infant deaths for 1977-80. Rate of infant death reflected per 1,000 live births for same period. Source: Bureau of Records and Statistics, Department of Health and Environmental Sciences. See Table 4.

Low Birth Weights: Reflects low birth weights for 1977-80. Rate of low birth weight reflected per 1,000 live births for same period. Source: Bureau of Records and Statistics, Department of Health and Environmental Sciences. See Table 4.

Women Receiving No Prenatal Care: Reflects women receiving no prenatal care 1977-80 as recorded on birth certificates. Rate of no prenatal care reflected per 1,000 live births. Source: Bureau of Records and Statistics, Department of Health and Environmental Sciences. See Table 5.

Women Starting Prenatal Care After First Trimester: Reflects women starting prenatal care after their first trimester of pregnancy as recorded on birth certificates. Percent of late prenatal care reflected per 1,000 live births for 1980. Source: Bureau of Records and Statistics, Department of Health and Environmental Sciences. See Table 5.

Induced Abortions: Reflects number of induced abortions for 1980. Rate of induced abortions per 1,000 live births for 1980. Source: Bureau of Records and Statistics, Department of Health and Environmental Sciences. See Table 7.

Women in Need of Family Planning Services: Reflects non-reservation women in 1979 that were determined by a 13-step formula to be in need of family planning services. The formula takes into account the following factors: number of women 15-44, number of persons below 150% of CSA poverty guidelines (which closely parallels 200% levels for Title X), number of women at or above 150% level, and estimated number of women not served (assuming 35% of this population served by private physician). Rate reflected per 1,000 county residents, as estimated for 1979 by the Table of Population, University of Montana. Source: Family Planning Program, State Department of Health and Environmental Sciences. See Table 8.

Births to Women Under 19: Reflects number and percent of live births to women under the age of 19. Rate is the percent of those births per 1,000 live births for 1980. Source: Bureau of Records and Statistics, State Department of Health and Environmental Sciences. See Table 9.

School Immunization Levels: Reflects the percentage of all school enterers in 1981 that were fully immunized as appropriate for their age. Immunizations included: Polio, Diptheria, Pertussis, Tetanus, Measles, and Rubella. Source: Preventive Health Bureau, State Department of Health and Environmental Sciences. See Table 10.

Women, Infant, and Children (WIC): Average number served reflects the average monthly caseload for state fiscal year 1981. These figures are duplicated counts. Special Note: WIC provides services to 37 counties and 7 Indian Reservations. For the purposes of this profile, the Indian population receiving WIC services on the reservation were incorporated into the counties they reside in. Rate reflects number of persons served per 1,000 county population in 1981. Source: unpublished data from the Special Supplemental Food Program for Women, Infants, and Children program in the State Department of Health and Environmental Sciences. Persons Income Eligible for WIC: The number of women and children in the counties who would be financially eligible was determined by taking 32.9% of the total children to age 5 and projected number of pregnant and postpartum women. The above

percentage was specified by the Bureau of Census as the percent of persons and children below 175% poverty level in Montana. Rate reflects number of persons per 1,000 county population based on the 1980 census. The actual number of financially eligible persons is based on the 1970 census. Special Note: As noted previously, the Indian population, for the purposes of this profile, was incorporated into county of residence. Special Note: Number of persons income eligible for WIC services does not necessarily reflect the actual number of persons eligible for WIC. Persons receiving WIC services must be at nutritional risk, as well as financial risk before qualifying for services. Source: WIC Program, State Department of Health and Environmental Sciences. See Table 11.

Handicapped Children Services: Data are reflected for state fiscal year 1981 by county of residence for those children receiving medical payments by HCS. These numbers do not reflect all the children receiving evaluations through HCS. Special Note: HCS payments do not reflect the total cost of treatment. HCS dollars are paid out only after third party payment is made. Source: "HCS Medical Payments" HCS Program, State Department of Health and Environmental Sciences.

Accidental Deaths: Reflects total number of accidental deaths for 1979-80. Source: Bureau of Records and Statistics, State Department of Health and Environmental Sciences. See Table 12.

Deaths by Motor Vehicle Accident: Reflects total number of deaths caused by motor vehicles for 1979-80. Source: Bureau of Records and Statistics, State Department of Health and Environmental Sciences. See Table 13.

Medical Personnel: See Table 14.

ALL DATA BY COUNTY OF RESIDENCE

EXPLANATION OF DATA USED IN MEDICAL SERVICES PROFILES

Health Personnel and Medical Facilities and Services: The following factors were all taken from the Montana Health Data Book and Medical Facilities Inventory for 1980, prepared by the Health Planning and Resource Development Bureau of the Department of Health and Environmental Sciences: number of physicians, number of primary care physicians (as of 9-81), physician ratio per 10,000 population, active licensed nurses, number of dental practices, community hospitals, and number of beds and services provided within the hospital.

Note: For the purposes of this profile, the only practice listed under "Specialists" are those that provide services for the Handicapped Children's Services.

For the number of dental practices: A "split" practice means a dentist that has more than one address but the time spent at each practice is not known. Part-time is defined as two days a week or less. If there is another practice it is counted in the split column.

Public Clinics, Services Available, and Other Clinics: Information for these factors were taken from the Survey of Available Services as part of MCH Needs Assessment Project for the Health Services Division within the Department of Health and Environmental Sciences, December 1981. Note: The list of available services only reflects those services directly related to maternal and child health as determined by the survey.

Area of Greatest Need in County: Information for this section was taken from the Survey of Local Health Officers and Public Health Nurses as part of the MCH Needs Assessment Project for the Health Services Division within the Department of Health and Environmental Sciences, December 1981. Family planning services are presented one of four ways:

--family planning clinic: actual medical services, in addition to counseling and education are available;

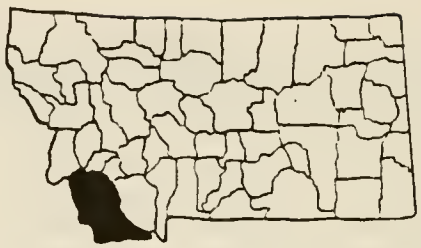
--family planning counseling: education and counseling services only;

--outreach services: the county is provided with information on family planning services available at a neighboring family planning clinic; and

--satellite service: the county receives actual medical services, counseling and education in family planning on a routine basis from a neighboring family planning clinic.

MEDICAL SERVICES PROFILE

BEAVERHEAD COUNTY



Health Personnel

1. Number of Physicians: 9
   Physician Ratio per 10,000 Population: 11.0
   Number of Primary Care Physicians:
   - Family/General Practice: 5
   - Internal Medicine: 1

2. Active Licensed Nurses: RNs - 28 LPNs - 21
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 5
   - Part-time: 1

Medical Facilities and Services

4. Hospitals: Barrett Memorial, Dillon
   Number of Beds: 31

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Dillon

   Services Available:
   - *Prenatal Classes
   - *WIC: Services from Butte
   - *Family Planning Counseling[1]
   - *Home Visits
   - *Other: Follow up Services for Handicapped Children
   - *Immunizations (-)
   - *Parenting (-)

*Indicates areas of greatest need as noted by health official.
(-)Services needed but not rendered.

[1]Family planning clinic services are available in Silver Bow County.

COUNTY PROFILE

BEAVERHEAD COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	8,186				
Population Density	1.5		5.4	53.3	.4
Number of Women 15-45	1,670	20.4%	20.0%	39.8%	14.8%
Number of Children Under 21	2,345	28.6%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	56.3	6.9	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	3	7.1%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	196.6	24.0	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		89.2*	90.0	185.6	29.9
Infant Deaths 1977-80	8	13.3*	11.6	26.4	0
Low Birth Weights 1977-80	29	48.3*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	2	3.3*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	23	15.4%**	20.3 %	38.0 %	5.0 %
Induced Abortions	29	194.6*	173.9	450.4	0
Women In Need of Family Planning 1979	446	53.0	43.9	69.6	25.7
Births to Women Under 19	28	18.8%**	12.3%	27.6%	0
School Immunization Levels 1981		95.6 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	63	7.6	16.4	68.4	4.8
Persons Income Eligible for WIC	322	39.3	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

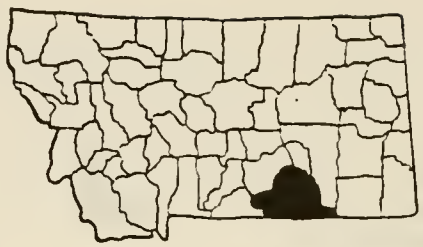
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cleft lip/palate	$ 88		
1	Newborn Transport	175		
1	Hearing Aid	410		
Total: 3			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

BIG HORN COUNTY



Health Personnel

1. Number of Physicians: 5
   Physician Ratio per 10,000 Population: 5.0
   Number of Primary Care Physicians:
   Family/General Practice: 5

2. Active Licensed Nurses: RNs - 41 LPNs - 18
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 2
   Part-time: 1
   Split: 1

Medical Facilities and Services

4. Hospitals: Big Horn County Hospital, Hardin
   Number of Beds: 16

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: County Health Department, Hardin

   Services Available:
   *Prenatal Classes
   *Well Child Clinics
   Immunizations
   *WIC, IHS also
   High Risk Follow-ups
   Family Planning Counseling[1]
   Parenting Classes
   Home Visits
   *Formal Community Education

   *Indicates areas of greatest need as noted by community health nurse.

   [1]Big Horn County residents receive outreach services from the family planning program in Yellowstone County.

6. Other Clinics: Indian Health Service at Crow Agency and Pryor.

COUNTY PROFILE

BIG HORN COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	11,096				
Population Density	2.2		5.4	53.3	.4
Number of Women 15-45	2,215	19.9%	20.0%	39.8%	14.8%
Number of Children Under 21	3,725	33.5%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	171.5	15.4	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	7	13.2%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	184.6	16.6	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		129.6*	90.0	185.6	29.9
Infant Deaths 1977-80	18	16.8*	11.6	26.4	0
Low Birth Weights 1977-80	71	66.3*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	39	36.4*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	102	35.5%**	20.3 %	38.0 %	5.0 %
Induced Abortions	38	132.4*	173.9	450.4	0
Women In Need of Family Planning 1979	286	25.7	43.9	69.6	25.7
Births to Women Under 19	53	18.5%**	12.3%	27.6%	0
School Immunization Levels 1981		97.6 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	759[1]	68.4	16.4	68.4	4.8
Persons Income Eligible for WIC	1258	113.3	40.8	113.3	18.3

[1] numbers include WIC program on Indian reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

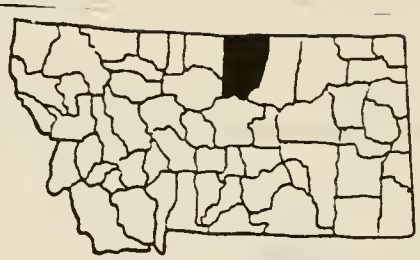
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$2,099		
1	Bone/Orthopedic	1,643		
1	Cleft lip/palate	920		
Total: 3			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

BLAINE COUNTY



Health Personnel

1. Number of Physicians: 2
   Physician Ratio per 10,000 Population: 3.0
   Number of Primary Care Physicians:
   Family/General Practice: 2

2. Active Licensed Nurses: RNs - 37 LPNs - 19
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 3

Medical Facilities and Services

4. Hospitals: None

5. Public Clinics: County Health Department, Chinook

   Services Available:
   - Prenatal Classes
   - Well Child Clinics - Individual Basis
   - Immunizations
   - VD Screening - Outreach Only
   - WIC, IHS also
   - High Risk Follow-ups
   - Family Planning Counseling[1]
   - Home Visits
   - Formal Community Education
   - *Other: Working with Alcohol-Drug Abuse Program

   *Indicates area of greatest need as noted by community health nurse.

   [1]Blaine County residents receive outreach services from the family planning program in Hill County.

6. Other Clinics: Indian Health Service at Harlem

COUNTY PROFILE

BLAINE COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	6,999				
Population Density	1.6		5.4	53.3	.4
Number of Women 15-45	1,294	18.4 %	20.0%	39.8%	14.8%
Number of Children Under 21	2,569	36.7 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	125.6	17.9	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	11	11.1 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	177.2	25.3	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		119.0 *	90.0	185.6	29.9
Infant Deaths 1977-80	10	16.8 *	11.6	26.4	0
Low Birth Weights 1977-80	40	67.2 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	5	8.4 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	51	33.1%**	20.3%	38.0%	5.0%
Induced Abortions	25	162.3 *	173.9	450.4	0
Women In Need of Family Planning 1979	384	51.8	43.9	69.6	25.7
Births to Women Under 19	36	23.4 %**	12.3%	27.6%	0
School Immunization Levels 1981		97.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	330 [1]	47.1	16.4	68.4	4.8
Persons Income Eligible for WIC	489	69.8	40.8	113.3	18.3

[1] numbers include WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

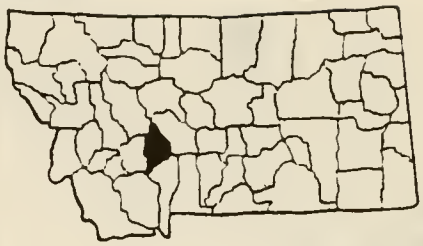
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Bone/Orthopedic	$ 87		
2	Cleft Lip/Palate	338		
1	Other Conditions	--		
11	Evaluation at Speciality Clinics	1,699		
1	Hearing Aid	500		
Total: 16			481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

BROADWATER COUNTY



Health Personnel

1. Number of Physicians: 3
   Physician Ratio per 10,000 Population: 9.0
   Number of Primary Care Physicians:
   Family/General Practice: 3

2. Active Licensed Nurses: RNs - 24 LPNs - 9
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 2

Medical Facilities and Services

4. Hospitals: Broadwater Hospital, Townsend
   Number of Beds: 21

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: County Health Department, Townsend

   Services Available:

Immunizations	*Prenatal Classes(-)
WIC - Satellite	*Well Child Clinics(-)
School Nursing	Family Planning Counseling[1]

*Indicates areas of greatest need as noted by community health nurse.
(-)Services needed but not rendered.

[1]Family planning services are provided via satellite service from Lewis and Clark County.

COUNTY PROFILE

BROADWATER COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	3,267				
Population Density	2.7		5.4	53.3	.4
Number of Women 15-45	1,302	39.8 %	20.0%	39.8%	14.8%
Number of Children Under 21	1,123	34.3 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	16.6	5.1	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	1	7.7 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	62.6	19.1	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		29.9 *	90.0	185.6	29.9
Infant Deaths 1977-80	4	18.7 *	11.6	26.4	0
Low Birth Weights 1977-80	14	65.7 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	0	0 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	7	17.9%**	20.3%	38.0%	5.0%
Induced Abortions	5	128.2 *	173.9	450.4	0
Women In Need of Family Planning 1979	165	48.5	43.9	69.6	25.7
Births to Women Under 19	7	17.9 %**	12.3%	27.6%	0
School Immunization Levels 1981		92.4 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	58	17.7	16.4	68.4	4.8
Persons Income Eligible for WIC	120	18.3	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

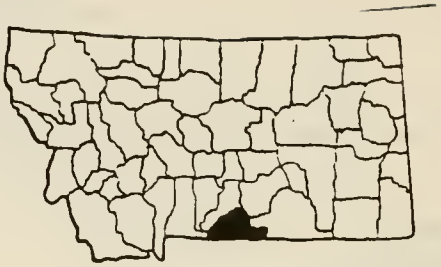
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$1,801		
1	Congenital Deformity	58		
1	Cleft lip/palate	321		
6	Evaluation at Speciality Clinics	163		
Total: 9			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

CARBON COUNTY



Health Personnel

1. Number of Physicians: 6
   Physician Ratio per 10,000 Population: 7.0
   Number of Primary Care Physicians:
   Family/General Practice: 4

2. Active Licensed Nurses: RNs - 58 LPNs - 18
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 3

Medical Facilities and Services

4. Hospitals: Carbon County Memorial, Red Lodge
   Number of Beds: 28

   Services Available:
   Maternity Care

5. Public Clinics: County Health Department, Red Lodge

   Services Available:
   Immunizations - Other Agency
   Home Visits - Other Agency
   School Nursing - Other Agency
   Family Planning Counseling[1]

Nursing services in Carbon County are provided in part by the school district and the North Carbon County Health Association. Services in the nursing area are not performed under the direction of the local health officer. Home health visits are performed in cooperation with the Yellowstone City-County Visiting Nurse Service Program.

[1]Carbon County residents receive outreach services from the family planning program in Yellowstone County.

COUNTY PROFILE

CARBON COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	8,099				
Population Density	3.9		5.4	53.3	.4
Number of Women 15-45	1,313	16.1%	20.0%	39.8%	14.8%
Number of Children Under 21	2,373	29.2%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	48.6	6.0	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	1	3.0%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	213.5	26.3	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		105.2*	90.0	185.6	29.9
Infant Deaths 1977-80	8	14.9*	11.6	26.4	0
Low Birth Weights 1977-80	27	50.4*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	5	9.3*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	27	19.5%**	20.3%	38.0%	5.0%
Induced Abortions	10	72.4*	173.9	450.4	0
Women In Need of Family Planning 1979	366	43.0	43.9	69.6	25.7
Births to Women Under 19	9	6.5%**	12.3%	27.6%	0
School Immunization Levels 1981		95.6%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	266	32.8	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

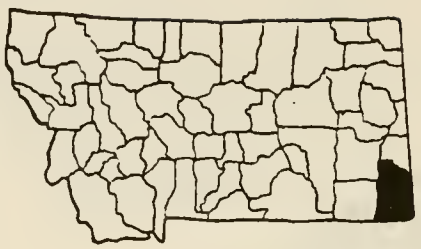
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$ 153		
1	Cleft lip/palate	267		
2	Evaluation at Speciality Clinic	--		
1	Hearing Aid	435		
Total: 5			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

CARTER COUNTY



Health Personnel

1. Number of Physicians: 2
   Physician Ratio per 10,000 Population: 11.0
   Number of Primary Care Physicians:
   Family/General Practice: 2

2. Active Licensed Nurses: RNs - 13 LPNs - 7

3. Number of Dental Practices: None

Medical Facilities and Services

4. Hospitals: Dahl Memorial, Ekalaka
   Number of Beds: 16

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: None

Carter County does not have a local health officer or a community health nurse. The Tri-County Education Cooperative provides education related nursing services (preschool screening, handicapped services for the mentally retarded). Other social services are provided by surrounding counties.

COUNTY PROFILE

CARTER COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	1,799				
Population Density	.5		5.4	53.3	.4
Number of Women 15-45	276	15.3 %	20.0%	39.8%	14.8%
Number of Children Under 21	518	28.7 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	5.2	2.9	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	16.5	9.1	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		90.5 *	90.0	185.6	29.9
Infant Deaths 1977-80	0	0 *	11.6	26.4	0
Low Birth Weights 1977-80	5	57.4 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	2	22.9 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	2	8.0%**	20.3%	38.0%	5.0%
Induced Abortions	0	0 *	173.9	450.4	0
Women In Need of Family Planning 1979	84	49.4	43.9	69.6	25.7
Births to Women Under 19	3	12.0 %**	12.3%	27.6%	0
School Immunization Levels 1981		100.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	56	31.1	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

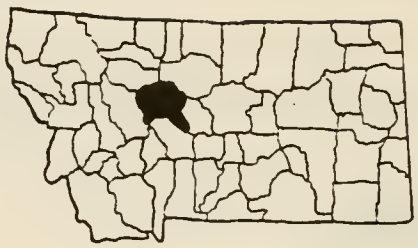
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cystic Fibrosis	$ 151		
Total: 1			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

CASCADE COUNTY



Health Personnel

1. Number of Physicians: 132
   Physician Ratio per 10,000 Population: 16.0
   Number of Primary Care Physicians:

Family/General Practice:	16	Surgery, Urological:	2
Internal Medicine:	14	ENT:	3
OB-GYN:	11	Surgery, Neurological:	4
Pediatrics:	9	Surgery, Orthopedic:	6
Specialists: Cardiovascular Diseases:	2	Surgery, Plastic:	1
		Neurology:	2

2. Active Licensed Nurses: RNs - 731 LPNs - 263
   Community Health Nurse

3. Number of Dental Practices:

Full-time:	53
Part-time:	1
Split:	5

Medical Facilities and Services

4. Hospitals:

Columbus Hospital, Great Falls	Montana Deaconess, Great Falls
Number of Beds: 198	Number of Beds: 282
Services Available:	Services Available:
Maternity Care	Maternity Care
Pediatric Care	Pediatric Care
Premature Nursery	Premature Nursery
Neonatal ICU	

5. Public Clinics: County Health Department, Great Falls

   Services Available:

Well Child Clinics	Immunizations
VD Screening	WIC
High Risk Follow-ups	School Nursing
Family Planning Counseling - Refer to Clinic	Home Visits - Some
	Parenting Classes - Refer Out

   *Formal Community Education
   *Formal Services for Pregnant Teenagers(-)

   *Indicates areas of greatest need according to community health nurse.
   (-)Services needed but not rendered.

6. Other Clinics: Family Planning Clinic in Community Health Systems, Inc.
   Urban Indian Health Center in Native American Center

COUNTY PROFILE

CASCADE COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	80,696				
Population Density	30.3		5.4	53.3	.4
Number of Women 15-45	17,630	21.8%	20.0%	39.8%	14.8%
Number of Children Under 21	26,074	32.3%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	838.7	10.4	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	67	12.0%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	2,357.2	29.2	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		86.2*	90.0	185.6	29.9
Infant Deaths 1977-80	69	11.3*	11.6	26.4	0
Low Birth Weights 1977-80	452	74.1*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	31	5.1*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	199	13.0%**	20.3%	38.0%	5.0%
Induced Abortions	359	236.0*	173.9	450.4	0
Women In Need of Family Planning 1979	4178	50.0	43.9	69.6	25.7
Births to Women Under 19	196	12.9%**	12.3%	27.6%	0
School Immunization Levels 1981		94.0%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	1,226	15.1	16.4	68.4	4.8
Persons Income Eligible for WIC	3,689	45.7	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

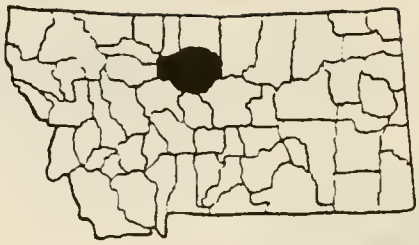
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
2	Cystic Fibrosis	$5,263		
1	Cardiac	--		
1	Neurological	13		
8	Bone/Orthopedic	1,101		
6	Cleft lip/palate	2,705		
20	Evaluation at Speciality Clinics	687		
3	Hearing Aids	741		
Total: 41			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

CHOUTEAU COUNTY



Health Personnel

1. Number of Physicians: 2
   Physician Ratio per 10,000 Population: 3.0
   Number of Primary Care Physicians:
   Family/General Practice: 2

2. Active Licensed Nurses: RNs - 43 LPNs - 18
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 2

Medical Facilities and Services

4. Hospitals:

Big Sandy Medical Center	Chouteau County Hospital
Big Sandy	Ft. Benton
Number of Beds: 9	Number of Beds: 17
Services Available:	Services Available:
Maternity Care	Maternity Care
Pediatric Care	Pediatric Care

5. Public Clinics: County Health Department, Fort Benton

   Services Available:
   - Prenatal Classes
   - Well Child Clinics
   - Immunizations - In Clinics Only
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling - Refer to Great Falls[1]
   - Home Visits
   - School Nursing
   - *Formal Community Education

*Indicates areas of greatest need as noted by community health nurse.

[1]Chouteau County residents receive outreach services from the family planning program in Cascade County.

COUNTY PROFILE

CHOUTEAU COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	6,092				
Population Density	1.6		5.4	53.3	.4
Number of Women 15-45	1,197	19.6%	20.0%	39.8%	14.8%
Number of Children Under 21	2,105	34.5%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	16.9	2.8	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	2	15.4%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	89.1	14.6	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		82.7*	90.0	185.6	29.9
Infant Deaths 1977-80	8	20.2*	11.6	26.4	0
Low Birth Weights 1977-80	27	68.3*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	0	0*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	20	20.2%**	20.3%	38.0%	5.0%
Induced Abortions	11	111.1*	173.9	450.4	0
Women In Need of Family Planning 1979	301	45.6	43.9	69.6	25.7
Births to Women Under 19	10	10.1%**	12.3%	27.6%	0
School Immunization Levels 1981		98.8%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	113 [1]	18.5	16.4	68.4	4.8
Persons Income Eligible for WIC	245	40.2	40.8	113.3	18.3

[1] numbers include WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

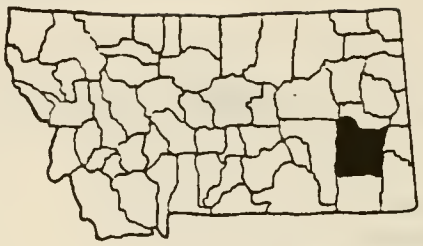
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Congenital Deformity	$ 462		
3	Evaluation at Speciality Clinics	117		
1	Hearing Aid	234		
Total : 4			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

CUSTER COUNTY



Health Personnel

1. Number of Physicians: 19
   Physician Ratio per 10,000 Population: 14.0
   Number of Primary Care Physicians:
   - Family/General Practice: 3
   - Internal Medicine: 3
   - OB-GYN: 1
   - Pediatrics: 1

   Specialists:
   - ENT 1

2. Active Licensed Nurses: RNs - 196 LPNs - 40
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 6

Medical Facilities and Services

4. Hospitals: Holy Rosary, Miles City
   Number of Beds: 120

   Services Available:
   - Maternity Care
   - Pediatric Care
   - Newborn Nursery

5. Public Clinics: County Health Department, Miles City

   Services Available:
   - Prenatal Classes
   - Immunizations
   - VD Screening
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling - Complete Clinic
   - Home Visits
   - School Nursing
   - *Formal Community Education
   - Formal Services for Pregnant Teenagers: Partial
   - Other: Post-natal Visits to All Newborns
     Follow-up Program for Nursing Mothers
     Special Services for Diabetic Kids

*Indicates area of greatest need as noted by community health nurse.

6. Other: Outreach Services by Urban Indian Health Center

COUNTY PROFILE

CUSTER COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	13,109				
Population Density	3.5		5.4	53.3	.4
Number of Women 15-45	2,497	19.0 %	20.0%	39.8%	14.8%
Number of Children Under 21	4,130	31.5 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	98.2	7.5	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	3	7.7 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	167.0	14.1	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		92.1 *	90.0	185.6	29.9
Infant Deaths 1977-80	8	8.7 *	11.6	26.4	0
Low Birth Weights 1977-80	36	39.3 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	2	2.1 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	55	23.9%**	20.3%	38.0%	5.0%
Induced Abortions	19	82.6 *	173.9	450.4	0
Women In Need of Family Planning 1979	581	44.0	43.9	69.6	25.7
Births to Women Under 19	31	13.5 %**	12.3%	27.6%	0
School Immunization Levels 1981		95.0%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	231	17.6	16.4	68.4	4.8
Persons Income Eligible for WIC	516	39.3	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

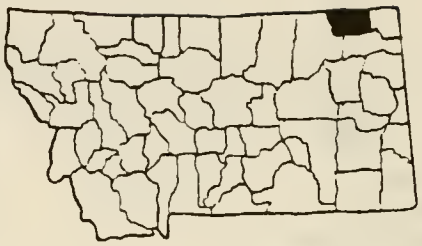
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Bone/Orthopedic	$2,593		
1	Congenital Deformity	47		
1	Cleft lip/palate	1,415		
2	Other conditions	768		
Total: 5			481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

DANIELS COUNTY



Health Personnel

1. Number of Physicians: 2
   Physician Ratio per 10,000 Population: 7.0
   Number of Primary Care Physicians:
   Family/General Practice: 1.5

2. Active Licensed Nurses: RNs - 13 LPNs - 10
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 1

Medical Facilities and Services

4. Hospitals: Daniels Memorial, Scobey
   Number of Beds: 8

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: None

Daniels County does not have a community health nurse. All necessary services are provided by private physician.

COUNTY PROFILE

DANIELS COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	2,835				
Population Density	2.0		5.4	53.3	.4
Number of Women 15-45	518	18.2%	20.0%	39.8%	14.8%
Number of Children Under 21	908	32.0%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	6.6	2.3	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	41.5	14.6	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		79.2*	90.0	185.6	29.9
Infant Deaths 1977-80	1	5.0*	11.6	26.4	0
Low Birth Weights 1977-80	8	40.2*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	0	0*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	7	17.0%**	20.3%	38.0%	5.0%
Induced Abortions	7	170.7*	173.9	450.4	0
Women In Need of Family Planning 1979	156	50.3	43.9	69.6	25.7
Births to Women Under 19	7	17.0%**	12.3%	27.6%	0
School Immunization Levels 1981		98.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	120	42.3	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

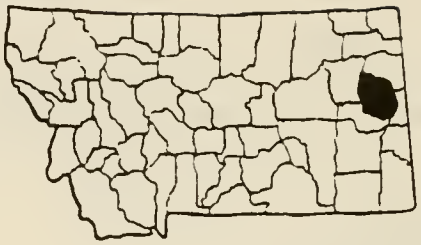
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
NONE			481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

DAWSON COUNTY



Health Personnel

1. Number of Physicians: 6
   Physician Ratio per 10,000 Population: 5.0
   Number of Primary Care Physicians:
   - Family/General Practice: 5
   - Internal Medicine: 2

2. Active Licensed Nurses: RNs - 64 LPNs - 23
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 7

Medical Facilities and Services

4. Hospitals: Glendive Community Hospital, Glendive
   Number of Beds: 46

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Glendive

   Services Available:
   - Prenatal Classes
   - *Well Child Clinics
   - Immunizations
   - VD Screening
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling - Refer to Clinic
   - Parenting Classes
   - Home Visits
   - Formal Community Education

   *Indicates area of greatest need as noted by community health nurse.

6. Other Clinics: Dawson County Family Planning

COUNTY PROFILE

DAWSON COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	11,805				
Population Density	5.0		5.4	53.3	.4
Number of Women 15-45	2,315	19.6 %	20.0%	39.8%	14.8%
Number of Children Under 21	3,702	31.2 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	30.2	2.6	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	4	19.0 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	167.0	14.1	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		97.6 *	90.0	185.6	29.9
Infant Deaths 1977-80	8	9.1 *	11.6	26.4	0
Low Birth Weights 1977-80	30	34.2 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	2	2.2 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	43	19.0%**	20.3 %	38.0 %	5.0%
Induced Abortions	18	79.6 *	173.9	450.4	0
Women In Need of Family Planning 1979	545	47.8	43.9	69.6	25.7
Births to Women Under 19	38	16.8 %**	12.3%	27.6%	0
School Immunization Levels 1981		95.8 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	106	9.0	16.4	68.4	4.8
Persons Income Eligible for WIC	466	39.4	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

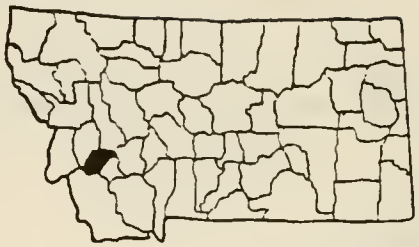
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Neurological	$ 27		
1	Bone/Orthopedic	7		
1	Cleft lip/palate	215		
Total : 3			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

DEER LODGE COUNTY



Health Personnel

1. Number of Physicians: 16
   Physician Ratio per 10,000 Population: 13.0
   Number of Primary Care Physicians:
   - Family/General Practice: 8
   - Internal Medicine: 1

2. Active Licensed Nurses: RNs - 134 LPNs - 111
   Home Health Nurse

3. Number of Dental Practices:
   - Full-time: 8
   - Split: 1

Medical Facilities and Services

4. Hospitals: Community Hospital of Anaconda, Anaconda
   Number of Beds: 60

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Anaconda

   Services Available:
   - Prenatal Classes
   - Well Child Clinics
   - Immunizations
   - VD Screening
   - WIC - Satellite Service Provided
   - High Risk Follow-ups
   - Family Planning Counseling[1]
   - Parenting Classes
   - Home Visits
   - School Nursing
   - Formal Community Education

[1]Deer Lodge County residents receive outreach services from the family planning program in Silver Bow County.

There is no community health nurse in Deer Lodge County. There is, though, a Home Health Agency in Anaconda, as well as two school nurses and a Job Corp nurse.

6. Other: Outreach Services by Urban Indian Health Center

COUNTY PROFILE

DEER LODGE COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	12,518				
Population Density	16.9		5.4	53.3	.4
Number of Women 15-45	2,226	17.6%	20.0%	39.8%	14.8%
Number of Children Under 21	4,100	32.5%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	138.9	11.0	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	10	9.6%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	396.4	14.1	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		69.6*	90.0	185.6	29.9
Infant Deaths 1977-80	7	10.5*	11.6	26.4	0
Low Birth Weights 1977-80	48	72.2*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	3	4.5*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	33	21.2%**	20.3	38.0	
Induced Abortions	25	161.2*	173.9	450.4	0
Women In Need of Family Planning 1979	607	46.3	43.9	69.6	25.7
Births to Women Under 19	29	18.7%**	12.3%	27.6%	0
School Immunization Levels 1981		98.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	214	17.0	16.4	68.4	4.8
Persons Income Eligible for WIC	462	36.7	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

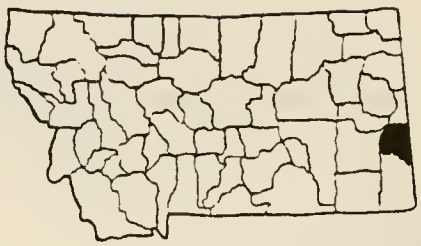
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
2	Cleft lip/palate	$6,669		
1	Other Conditions	76		
Total: 3			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

FALLON COUNTY



Health Personnel

1. Number of Physicians: 3
   Physician Ratio per 10,000 Population: 8.0
   Number of Primary Care Physicians:
   Family/General Practice: 3

2. Active Licensed Nurses: RNs - 22 LPNs - 12
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 3

Medical Facilities and Services

4. Hospitals: Fallon Memorial, Baker
   Number of Beds: 19

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Baker

   Services Available:
   - Immunizations
   - High Risk Follow-ups
   - Family Planning Counseling[1]
   - Parenting Classes
   - School Nursing
   - Home Visits

[1]Family planning clinic services are provided in Fallon County by sponsorship of the Custer County program.

COUNTY PROFILE

FALLON COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	3,763				
Population Density	2.3		5.4	53.3	.4
Number of Women 15-45	764	20.3%	20.0%	39.8%	14.8%
Number of Children Under 21	1,183	31.4%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	20.3	5.4	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	1	12.5%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	57.9	15.3	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		106.0*	90.0	185.6	29.9
Infant Deaths 1977-80	3	10.2*	11.6	26.4	0
Low Birth Weights 1977-80	18	61.4*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	1	3.4*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	18	22.2%**	20.3%	38.0%	5.0%
Induced Abortions	1	12.3*	173.9	450.4	0
Women In Need of Family Planning 1979	216	55.3	43.9	69.6	25.7
Births to Women Under 19	6	7.4%**	12.3%	27.6%	0
School Immunization Levels 1981		97.0%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	159	42.2	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

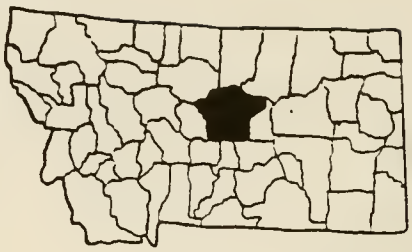
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Neurological	$2,867		
Total: 1			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

FERGUS COUNTY



Health Personnel

1. Number of Physicians: 17
   Physician Ratio per 10,000 Population: 13.0
   Number of Primary Care Physicians:
   - Family/General Practice: 6
   - Internal Medicine 4

2. Active Licensed Nurses: RNs - 118 LPNs - 47
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 7

Medical Facilities and Services

4. Hospitals: Central Montana Hospital, Lewistown
   Number of Beds: 47

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Lewistown

   Services Available:
   - Prenatal Classes
   - Immunizations
   - High Risk Follow-ups
   - Family Planning Counseling - Refer to Clinic
   - Parenting Classes
   - Home Visits
   - School Nursing
   - *Formal Community Education

   *Indicates area of greatest need as noted by community health nurse.

6. Other Clinics: Central Montana Family Planning, Lewistown

COUNTY PROFILE

FERGUS COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	13,076				
Population Density	3.1		5.4	53.3	.4
Number of Women 15-45	2,491	19.0%	20.0%	39.8%	14.8%
Number of Children Under 21	3,860	31.4%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	82.1	6.3	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	7	17.1%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	387.7	29.6	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		81.9*	90.0	185.6	29.9
Infant Deaths 1977-80	6	7.2*	11.6	26.4	0
Low Birth Weights 1977-80	35	42.0*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	1	1.2*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	29	14.2%**	20.3 %	38.0 %	5.0%
Induced Abortions	43	210.7 *	173.9	450.4	0
Women In Need of Family Planning 1979	676	47.6	43.9	69.6	25.7
Births to Women Under 19	30	14.7 %**	12.3%	27.6%	0
School Immunization Levels 1981		98.2%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	421	32.1	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

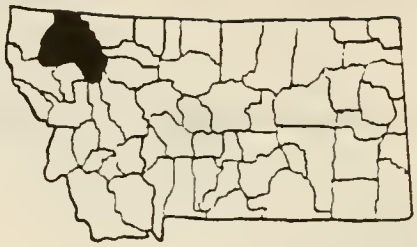
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cystic fibrosis	$ 1,118		
2	Bone/Orthopedic	767		
1	Congenital Deformity	10,000		
3	Cleft lip/palate	173		
1	Other Conditions	257		
1	Evaluation at Speciality Clinics	3		
Total: 9			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

FLATHEAD COUNTY



Health Personnel

1. Number of Physicians: 83
   Physician Ratio per 10,000 Population: 16.0
   Number of Primary Care Physicians:

Family/General Practice:	29	Specialists (con't)	
Internal Medicine:	7	Neuropathology:	1
OB-GYN:	7	ENT:	1
Pediatrics:	6	Surgery, Orthopedic	3
Specialists:		Surgery, Urological	2
Cardiovascular Diseases	1		

2. Active Licensed Nurses: RNs - 380 LPNs - 128
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 37
   Split: 4

Medical Facilities and Services

4. Hospitals:

Kalispell Regional, Kalispell	North Valley Hospital, Whitefish
Number of Beds: 91	Number of Beds: 44
Services Available:	Services Available:
Maternity Care	Maternity Care
Pediatric Care	Pediatric Care
Premature Nursery	
Neonatal ICU	

5. Public Clinics: County Health Department, Flathead

   Services Available:

*Prenatal Classes	Well Child Clinics
Immunizations	VD Screening
WIC	High Risk Follow-ups
Family Planning Counseling - Complete Clinic	Parenting Classes
	Home Visits
School Nursing - Preschool Screens	Formal Community Education

   Other: Special Clinics for Vision, Scoliosis, Cleft Palate, and Genetic Risk

*Indicates area of greatest need as noted by health official. In this case the greatest need was for adequate prenatal care for the "medically needy."

COUNTY PROFILE

FLATHEAD COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	51,966				
Population Density	10.1		5.4	53.3	.4
Number of Women 15-45	9,980	19.2%	20.0%	39.8%	14.8%
Number of Children Under 21	15,544	29.9%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	384.5	7.4	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	20	7.1%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	1,162.3	22.3	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		93.3*	90.0	185.6	29.9
Infant Deaths 1977-80	44	12.6*	11.6	26.4	0
Low Birth Weights 1977-80	195	56.0*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	9	2.5*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	142	15.2%**	20.3 %	38.0 %	5.0 %
Induced Abortions	301	322.9*	173.9	450.4	0
Women In Need of Family Planning 1979	2179	42.6	43.9	69.6	25.7
Births to Women Under 19	103	11.1%**	12.3%	27.6%	0
School Immunization Levels 1981		94.8 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	667	12.8	16.4	68.4	4.8
Persons Income Eligible for WIC	1,699	32.1	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

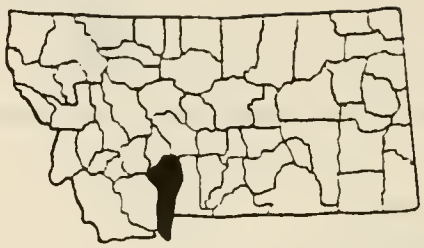
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
3	Cardiac	$8,975		
1	Neurological	6,011		
5	Bone/orthopedic	668		
1	Congenital Deformity	2,804		
7	Cleft lip/palate	1,668		
3	Hearing, medical	1,415		
5	Evaluation at Speciality Clinics	419		
2	Hearing Aid	1,055		
Total:	27		481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

GALLATIN COUNTY



Health Personnel

1. Number of Physicians: 67
   Physician Ratio per 10,000 Population: 16.0
   Number of Primary Care Physicians:

Family/General Practice:	20	Specialists:	
Internal Medicine:	7	ENT:	1
OB-GYN:	6	Surgery, Orthopedic	4
Pediatrics:	5	Surgery, Urological	1

2. Active Licensed Nurses: RNs - 319 LPNs - 105
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 32
   Split: 5

Medical Facilities and Services

4. Hospitals: Bozeman Deaconess, Bozeman
   Number of Beds: 104

   Services Available:
   - Maternity Care
   - Pediatric Care
   - Premature Nursery

5. Public Clinics: County Health Department, Bozeman

   Services Available:
   - *Prenatal Classes
   - Well Child Clinics
   - Immunizations
   - VD Screening
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling - Refer to Clinic
   - Parenting Classes
   - Home Visits
   - School Nursing - Some Screening
   - Formal Community Education
   - Other: High Risk Registry for Newborns

*Indicates area of greatest need as noted by health officials. In this case, the greatest need was expressed as the "prevention of birth defects."

6. Other Clinics: Family Planning Service of South Central Montana

COUNTY PROFILE

GALLATIN COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	42,865				
Population Density	17.0		5.4	53.3	.4
Number of Women 15-45	9,849	22.9 %	20.0%	39.8%	14.8%
Number of Children Under 21	10,835	25.2 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	166.3	3.9	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	6	5.8 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	538.5	12.5	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		69.7 *	90.0	185.6	29.9
Infant Deaths 1977-80	24	9.0 *	11.6	26.4	0
Low Birth Weights 1977-80	148	55.9 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	15	5.6 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	98	14.2%**	20.3 %	38.0 %	5.0 %
Induced Abortions	309	450.4 *	173.9	450.4	0
Women In Need of Family Planning 1979	1676	40.7	43.9	69.6	25.7
Births to Women Under 19	51	7.4 %**	12.3%	27.6%	0
School Immunization Levels 1981		82.6 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	517	12.1	16.4	68.4	4.8
Persons Income Eligible for WIC	1,323	30.8	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

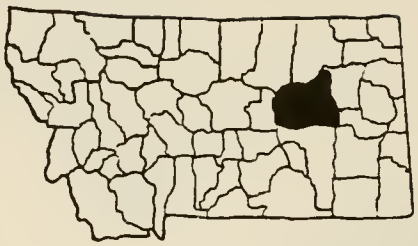
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cystic Fibrosis	$ 65		
2	Cardiac	2,796		
2	Neurological	15		
1	Bone/orthopedic	12		
2	Congenital Deformity	5,645		
2	Cleft lip/palate	1,160		
2	Hearing, medical	882		
4	Other conditions	4,188		
11	Evaluation,Speciality Clinic	120		
1	Hearing Aid	62		
1	Newborn Transport	65		
Total:	29		481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

GARFIELD COUNTY



Health Personnel

1. Number of Physicians: 1
   Physician Ratio per 10,000 Population: 6.0
   Number of Primary Care Physicians:
   Family/General Practice: 1

2. Active Licensed Nurses: RNs - 8 LPNs - 2
   Community Health Nurse

3. Number of Dental Practices: None

Medical Facilities and Services

4. Hospitals: Garfield County Hospital, Jordan
   Number of Beds: 8

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Jordan

   Services Available:
   - *Prenatal Classes(-)
   - *Well Child Clinics(-)
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling[1]
   - Home Visits
   - School Nursing - Preschool Screen

*Indicates areas of greatest need as noted by community health nurse. In this case, the greatest need was expressed as "pre and postnatal care for women and checkups with immunizations for children."
(-)Services needed but not rendered.

[1]Garfield County residents receive outreach services from the family planning program in Custer County.

COUNTY PROFILE

GARFIELD COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	1,656				
Population Density	.4		5.4	53.3	.4
Number of Women 15-45	277	16.7 %	20.0%	39.8%	14.8%
Number of Children Under 21	497	30.0 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	4.1	2.5	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	13.4	8.0	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		108.3 *	90.0	185.6	29.9
Infant Deaths 1977-80	1	7.0 *	11.6	26.4	0
Low Birth Weights 1977-80	10	70.9 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	0	0 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	6	20.0%**	20.3 %	38.0 %	5.0%
Induced Abortions	2	66.6 *	173.9	450.4	0
Women In Need of Family Planning 1979	82	51.2	43.9	69.6	25.7
Births to Women Under 19	3	10.0 %**	12.3%	27.6%	0
School Immunization Levels 1981		94.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	10	16.5	16.4	68.4	4.8
Persons Income Eligible for WIC	80	48.3	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

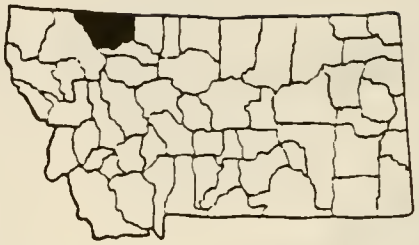
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
NONE			481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

GLACIER COUNTY



Health Personnel

1. Number of Physicians: 7
   Physician Ratio per 10,000 Population: 7.0
   Number of Primary Care Physicians:
   - Family/General Practice: 4
   - Internal Medicine: 1

2. Active Licensed Nurses: RNs - 73 LPNs - 26
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 4

Medical Facilities and Services

4. Hospitals: Memorial Hospital, Cut Bank
   Number of Beds: 20

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department

   Services Available:
   - *Well Child Clinics
   - Immunizations
   - *WIC, IHS also
   - High Risk Follow-ups
   - Home Visits
   - School Nursing - Preschool Screening

   *Indicates areas of greatest need as noted by community health nurse.

6. Other Clinics: Indian Health Service at Browning and Heart Butte

COUNTY PROFILE

GLACIER COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	10,628				
Population Density	3.6		5.4	53.3	.4
Number of Women 15-45	2,231	20.9 %	20.0%	39.8%	14.8%
Number of Children Under 21	4,166	39.1 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	292.7	27.5	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	25	12.1 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	224.6	21.1	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		135.8 *	90.0	185.6	29.9
Infant Deaths 1977-80	21	18.1 *	11.6	26.4	0
Low Birth Weights 1977-80	72	62.2 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	55	47.5 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	103	33.9%**	20.3%	38.0%	5.0%
Induced Abortions	63	207.9 *	173.9	450.4	0
Women In Need of Family Planning 1979	400	34.4	43.9	69.6	25.7
Births to Women Under 19	65	21.5 %**	12.3%	27.6%	0
School Immunization Levels 1981		94.8 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	648 [1]	60.9	16.4	68.4	4.8
Persons Income Eligible for WIC	1078	101.4	40.8	113.3	18.3

[1] numbers include WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

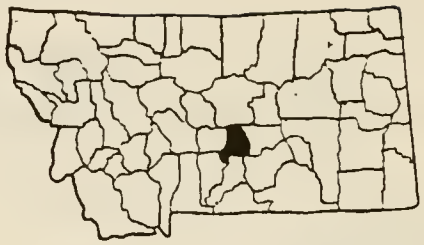
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cystic fibrosis	$ 144		
1	Cardiac	2,429		
1	Cleft lip/palate	758		
1	Other conditions	3,895		
3	Evaluation, Speciality Clinic	93		
1	Newborn Transport	143		
Total:	8		481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

GOLDEN VALLEY COUNTY



Health Personnel

1. Number of Physicians: None
2. Active Licensed Nurses: RNs - 2 LPNs - 1
3. Number of Dental Practices: None

Medical Facilities and Services

4. Hospitals: None
5. Public Clinics: None

Family Planning Counseling[1]

Limited nursing services are available from the Central Montana Health District from Lewistown. Most nursing services are available only upon written request of the Golden Valley County Commissioners. Minimal school nursing and childhood immunizations are available.

[1]Golden Valley County residents receive outreach services from the family planning program in Fergus County.

COUNTY PROFILE

GOLDEN VALLEY COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	1,026				
Population Density	.9		5.4	53.3	.4
Number of Women 15-45	195	19.0%	20.0%	39.8%	14.8%
Number of Children Under 21	283	27.5 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	1.2	1.2	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	7.0	6.8	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		92.3 *	90.0	185.6	29.9
Infant Deaths 1977-80	1	17.2 *	11.6	26.4	0
Low Birth Weights 1977-80	5	86.2 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	0	0 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	6	33.3%**	20.3 %	38.0 %	5.0%
Induced Abortions	3	166.6 *	173.9	450.4	0
Women In Need of Family Planning 1979	34	30.9	43.9	69.6	25.7
Births to Women Under 19	0	0 %**	12.3%	27.6%	0
School Immunization Levels 1981		91.6 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	32	31.1	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

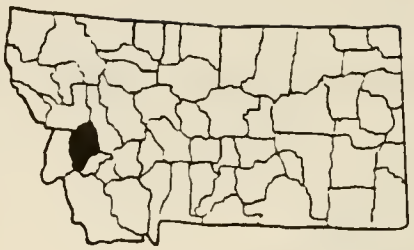
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Congenital Deformity	$5,537		
Total:	1		481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

GRANITE COUNTY



Health Personnel

1. Number of Physicians: 1
   Physician Ratio per 10,000 Population: 4.0
   Number of Primary Care Physicians:
   Family/General Practice: 1

2. Active Licensed Nurses: RNs - 21 LPNs - 5
   Community Health Nurse

3. Number of Dental Practices:
   Split: 2

Medical Facilities and Services

4. Hospitals: Granite County Memorial, Philipsburg
   Number of Beds: 10

   Services Available:
   No maternity or pediatric care available

5. Public Clinics: County Health Department, Drummond

   Services Available:
   - Well Child Clinics
   - Immunizations
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling[1]
   - Home Visits
   - *Prenatal Classes(-)

*Indicates area of greatest need as noted by the community health nurse. In this case, the actual need was expressed as "prenatal care" for the women in the north end of the county.
(-)Services needed but not rendered.

[1]Granite County residents receive outreach services from Missoula County for family planning.

COUNTY PROFILE

GRANITE COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	2,700				
Population Density	1.6		5.4	53.3	.4
Number of Women 15-45	486	18.0%	20.0%	39.8%	14.8%
Number of Children Under 21	740	27.4%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	23.5	8.7	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	1	4.3%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	63.3	23.4	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		57.6*	90.0	185.6	29.9
Infant Deaths 1977-80	3	19.2*	11.6	26.4	0
Low Birth Weights 1977-80	13	83.3*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	2	12.8*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	8	28.5%**	20.3 %	38.0 %	5.0%
Induced Abortions	9	321.4*	173.9	450.4	0
Women In Need of Family Planning 1979	176	62.8	43.9	69.6	25.7
Births to Women Under 19	7	25.0%**	12.3%	27.6%	0
School Immunization Levels 1981		100.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	27	10.0	16.4	68.4	4.8
Persons Income Eligible for WIC	99	36.6	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

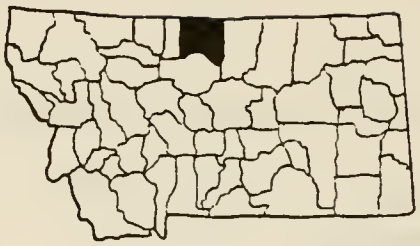
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cleft lip/palate	$ 63		
1	Evaluation at Speciality Clinic	42		
Total: 2			481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

HILL COUNTY



Health Personnel

1. Number of Physicians: 27
   Physician Ratio per 10,000 Population: 15.0
   Number of Primary Care Physicians:
   - Family/General Practice: 5
   - Internal Medicine: 4
   - OB-GYN: 2
   - Pediatrics: 1

   Specialists:
   - Surgery, Urological 1

2. Active Licensed Nurses: RNs - 169 LPNs - 95
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 9
   - Part-time: 1

Medical Facilities and Services

4. Hospitals: Northern Montana, Havre
   Number of Beds: 120

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Havre

   Services Available:
   - Prenatal Classes
   - Immunizations
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling - Refer to Clinic
   - Home Visits
   - Formal Community Education
   - *Parenting Classes (-)

   *Indicates area of greatest need as noted by community health nurse.
   (-)Services needed but not rendered.

6. Other clinics: Hill County Family Planning
   Indian Health Service in Box Elder

COUNTY PROFILE

HILL COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	17,985				
Population Density	6.1		5.4	53.3	.4
Number of Women 15-45	3,762	20.9%	20.0%	39.8%	14.8%
Number of Children Under 21	6,003	33.3%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	198.8	11.0	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	13	9.6%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	394.0	21.9	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		103.9*	90.0	185.6	29.9
Infant Deaths 1977-80	12	8.3*	11.6	26.4	0
Low Birth Weights 1977-80	72	50.1*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	10	6.9*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	71	18.1%**	20.3 %	38.0 %	5.0%
Induced Abortions	56	143.2*	173.9	450.4	0
Women In Need of Family Planning 1979	822	45.1	43.9	69.6	25.7
Births to Women Under 19	38	9.7%**	12.3%	27.6%	0
School Immunization Levels 1981		98.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	502 [1]	27.9	16.4	68.4	4.8
Persons Income Eligible for WIC	936	52.0	40.8	113.3	18.3

[1] numbers include WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

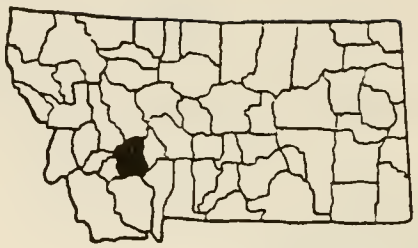
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$3,521		
1	Cleft lip/palate	33		
2	Hearing, medical	1,114		
8	Evaluation at Speciality Clinics	357		
Total: 12			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

JEFFERSON COUNTY



Health Personnel

1. Number of Physicians: 5
   Physician Ratio per 10,000 Population: 7.0
   Number of Primary Care Physicians:
   - Family/General Practice: 3
   - Specialists:
     - Neurology 1

2. Active Licensed Nurses: RNs - 55 LPNs - 46
   Community Health Nurse

3. Number of Dental Practices:
   - Part-time: 1
   - Split: 3

Medical Facilities and Services

4. Hospitals: None

5. Public Clinics: County Health Department, Whitehall

   Services Available:
   - Immunizations
   - WIC - Satellite Service
   - Family Planning Counseling - Satellite Service
   - School Nursing: Preschool Screening
   - Home Visits

   Jefferson County residents receive family planning services through a satellite program in the county sponsored by the Lewis and Clark County program.

COUNTY PROFILE

JEFFERSON COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	7,029				
Population Density	4.3		5.4	53.3	.4
Number of Women 15-45	1,642	23.3%	20.0%	39.8%	14.8%
Number of Children Under 21	2,454	34.9%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	47.7	6.8	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	7	21.2%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	177.8	25.2	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		81.6*	90.0	185.6	29.9
Infant Deaths 1977-80	10	21.5*	11.6	26.4	0
Low Birth Weights 1977-80	31	66.6*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	5	10.7*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	8	5.0%**	20.3%	38.0 %	5.0%
Induced Abortions	20	149.2*	173.9	450.4	0
Women In Need of Family Planning 1979	295	37.3	43.9	69.6	25.7
Births to Women Under 19	10	7.4%**	12.3%	27.6%	0
School Immunization Levels 1981		92.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	98	13.9	16.4	68.4	4.8
Persons Income Eligible for WIC	225	32.0	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

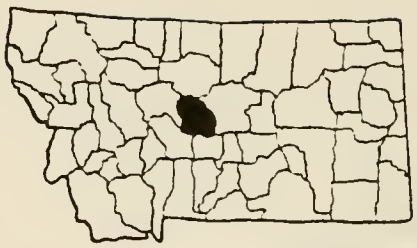
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cleft lip/palate	$ 635		
1	Evaluation at Speciality Clinics	165		
Total:	2		481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

JUDITH BASIN COUNTY



Health Personnel

1. Number of Physicians: None

2. Active Licensed Nurses: RNs - 10 LPNs - 2

3. Number of Dental Practices: None

Medical Facilities and Services

4. Hospitals: None

5. Public Clinics: None

Family Planning Counseling[1]

Limited nursing services are available from the Central Montana Health District from Lewistown. Most nursing services are available only upon written request of the Judith Basin County Commissioners. The county employs a full-time school nurse based out of Stanford.

[1]Judith Basin residents receive outreach services from the family planning program in Fergus County.

COUNTY PROFILE

JUDITH BASIN COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	2,646				
Population Density	1.4		5.4	53.3	.4
Number of Women 15-45	462	17.4%	20.0%	39.8%	14.8%
Number of Children Under 21	810	30.6%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	12.6	4.8	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	1	12.5%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	39.3	14.8	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		69.3*	90.0	185.6	29.9
Infant Deaths 1977-80	0	0*	11.6	26.4	0
Low Birth Weights 1977-80	6	47.6*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	0	0*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	7	21.8%**	20.3%	38.0%	5.0%
Induced Abortions	7	218.7*	173.9	450.4	0
Women In Need of Family Planning 1979	149	53.2	43.9	69.6	25.7
Births to Women Under 19	1	3.1%**	12.3%	27.6%	0
School Immunization Levels 1981		91.2%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	76	28.7	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

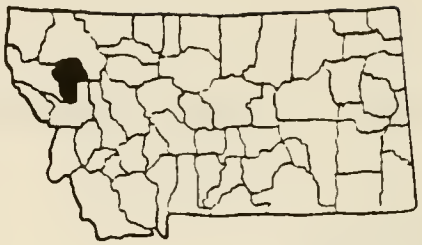
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cleft lip/palate	$ 175		
1	Evaluation at Speciality Clinics	--		
Total:	2		481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

LAKE COUNTY



Health Personnel

1. Number of Physicians: 18
   Physician Ratio per 10,000 Population: 9.0
   Number of Primary Care Physicians:
   - Family/General Practice: 11
   - OB-GYN: 1
   - Pediatrics: 2

   Specialists:
   - Surgery, Orthopedic 1

2. Active Licensed Nurses: RNs - 125 LPNs - 50
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 8
   - Split: 1

Medical Facilities and Services

4. Hospitals:

St. Lukes Community Ronan	Mission Valley Hospital St. Ignatius	St. Josephs Polson
Number of Beds: 25	Number of Beds: 30	Number of Beds: 40

   Services Available:
   - Maternity Care: Available at Each Hospital
   - Pediatric Care: " " " "
   - Premature Nursery: St. Josephs only

5. Public Clinics: County Health Department, Polson

   Services Available:
   - Prenatal Classes
   - Well Child Clinics
   - Immunizations
   - VD Screening - Family Planning
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling - Complete Clinic

6. Other Clinics: Indian Health Service at Public Health Service Center in St. Ignatius
   Tribal Health Department

COUNTY PROFILE

LAKE COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	19,056				
Population Density	12.8		5.4	53.3	.4
Number of Women 15-45	3,139	16.4 %	20.0%	39.8%	14.8%
Number of Children Under 21	5,922	31.0 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	237.9	12.5	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	7	5.9 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	692.5	36.3	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		114.7 *	90.0	185.6	29.9
Infant Deaths 1977-80	17	12.3 *	11.6	26.4	0
Low Birth Weights 1977-80	80	58.2 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	7	5.0 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	67	18.6 %**	20.3 %	38.0 %	5.0%
Induced Abortions	67	186.1 *	173.9	450.4	0
Women In Need of Family Planning 1979	628	34.3	43.9	69.6	25.7
Births to Women Under 19	42	11.7 %**	12.3%	27.6%	0
School Immunization Levels 1981		91.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	688[1]	36.1	16.4	68.4	4.8
Persons Income Eligible for WIC	1406	73.7	40.8	113.3	18.3

[1] numbers include WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

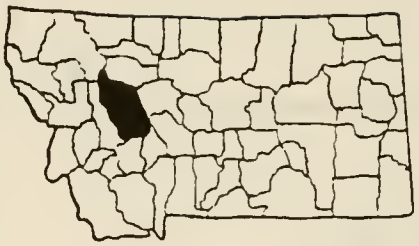
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$ --		
1	Bone/Orthopedic	33		
1	Congenital Deformity	10,001		
3	Cleft lip/palate	938		
3	Evaluation at Speciality Clinics	243		
Total: 9			481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

LEWIS AND CLARK COUNTY



Health Personnel

1. Number of Physicians: 75
   Physician Ratio per 10,000 Population: 17.0
   Number of Primary Care Physicians:

Family/General Practice:	15
Internal Medicine:	13
OB-GYN:	2
Pediatrics:	8

   Specialists:

ENT	2
Surgery, Orthopedic	3
Surgery, Urological	2

2. Active Licensed Nurses: RNs - 397 LPNs - 178
   Community Health Nurse

3. Number of Dental Practices:

Full-time:	25
Part-time:	5

Medical Facilities and Services

4. Hospitals:

St. Peter's, Helena	Shodair Hospital for Crippled Children, Helena
Number of Beds: 111	Number of Beds: 35
Services Available:	Services Available:
Maternity Care	Pediatric Care
Premature Nursery	Genetic Counseling
	Special Services for Crippled Children

5. Public Clinics: County Health Department, Helena

   Services Available:

Prenatal Classes	*Well Child Clinics
Immunizations	VD Screening
WIC	High Risk Follow-ups
Parenting Classes	Family Planning Counseling - Refer to Clini
Home Visits	Formal Community Education
Formal Services for Pregnant Teenagers	Other: Children and Youth Project

*Indicates area of greatest need as noted by the health officer. In this case, the need was expressed as "giving the greatest good for the greatest number." In addition, the economic needs of the clients was cited as an overriding concern.

6. Other Clinics: Helena Tri-County Family Planning
   Helena Indian Alliance Health Center

COUNTY PROFILE

LEWIS AND CLARK COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	43,039				
Population Density	12.4		5.4	53.3	.4
Number of Women 15-45	8,637	20.0 %	20.0%	39.8%	14.8%
Number of Children Under 21	12,418	28.8 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	420.2	9.8	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	22	10.0 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	1225.0	28.4	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		84.6 *	90.0	185.6	29.9
Infant Deaths 1977-80	22	7.5 *	11.6	26.4	0
Low Birth Weights 1977-80	159	54.8 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	7	2.4 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	100	13.6 %**	20.3 %	38.0 %	5.0%
Induced Abortions	191	261.2 *	173.9	450.4	0
Women In Need of Family Planning 1979	1513	36.1	43.9	69.6	25.7
Births to Women Under 19	93	12.7 %**	12.3%	27.6%	0
School Immunization Levels 1981		92.6 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	783	18.1	16.4	68.4	4.8
Persons Income Eligible for WIC	1406	32.6	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

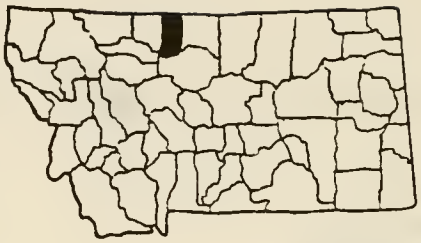
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cystic Fibrosis	$ 255		
3	Cardiac	6,944		
2	Neurological	315		
3	Bone/Orthopedic	5,073		
5	Congenital Deformity	4,837		
6	Cleft lip/palate	1,356		
2	Other conditions	1,448		
20	Evaluation at Speciality Clinics	608		
1	Hearing Aid	356		
Total:	43		481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

LIBERTY COUNTY



Health Personnel

1. Number of Physicians: 3
   Physician Ratio per 10,000 Population: 9.0
   Number of Primary Care Physicians:
   Family/General Practice: 2

2. Active Licensed Nurses: RNs - 11 LPNs - 8

3. Number of Dental Practices:
   Full-time: 1

Medical Facilities and Services

4. Hospitals: Liberty County, Chester
   Number of Beds: 11

   Services Available:
   Maternity Care

5. Public Clinics: None

   Family Planning Counseling[1]

   No public health services except for those the county health officer provides are available in the county. There is no community health nurse and no school nurse.

[1]Liberty County receives outreach service from the family planning program in Hill County.

COUNTY PROFILE

LIBERTY COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	2,329				
Population Density	1.6		5.4	53.3	.4
Number of Women 15-45	500	21.4%	20.0%	39.8%	14.8%
Number of Children Under 21	830	35.6%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	4.8	2.1	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	29.5	12.6	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		114.0 *	90.0	185.6	29.9
Infant Deaths 1977-80	0	0 *	11.6	26.4	0
Low Birth Weights 1977-80	10	50.0 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	1	5.0 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	6	10.5%**	20.3 %	38.0 %	5.0%
Induced Abortions	5	87.7 *	173.9	450.4	0
Women In Need of Family Planning 1979	104	41.6	43.9	69.6	25.7
Births to Women Under 19	0	0 %**	12.3%	27.6%	0
School Immunization Levels 1981		97.6 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	99	42.5	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

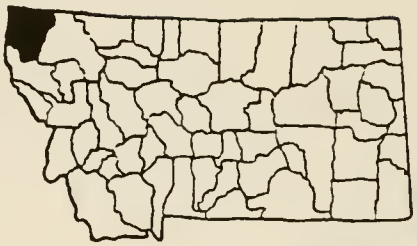
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$3,071		
Total: 1			481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

LINCOLN COUNTY



Health Personnel

1. Number of Physicians: 12
   Physician Ratio per 10,000 Population: 7.0
   Number of Primary Care Physicians:
   - Family/General Practice: 8
   - Internal Medicine: 1
   - OB-GYN: 1

2. Active Licensed Nurses: RNs - 67 LPNs - 27
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 9
   - Part-time: 1
   - Split: 1

Medical Facilities and Services

4. Hospitals: St. John's Lutheran, Libby
   Number of Beds: 34

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Libby

   Services Available:
   - Prenatal Classes
   - *Well Child Clinics
   - Immunizations
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling - Refer to Clinic
   - Parenting Classes
   - Home Visits - Limited
   - School Nursing
   - *Formal Community Education
   - *Formal Services for Pregnant Teenagers
   - Other: Special Screenings in Vision and Scolices

   *Indicates areas of greatest need as noted by community health nurse.

6. Other Clinics: Lincoln County Family Planning

COUNTY PROFILE

LINCOLN COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	17,752				
Population Density	4.8		5.4	53.3	.4
Number of Women 15-45	3,622	20.4 %	20.0%	39.8%	14.8%
Number of Children Under 21	5,445	30.6 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	247.0	13.9	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	13	8.8 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	595.8	33.5	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		93.9 *	90.0	185.6	29.9
Infant Deaths 1977-80	10	7.6 *	11.6	26.4	0
Low Birth Weights 1977-80	62	47.5 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	7	5.3 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	79	23.2%**	20.3%	38.0%	5.0%
Induced Abortions	43	126.4 *	173.9	450.4	0
Women In Need of Family Planning 1979	923	52.1	43.9	69.6	25.7
Births to Women Under 19	48	14.1 %**	12.3%	27.6%	0
School Immunization Levels 1981		94.6 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	245	13.8	16.4	68.4	4.8
Persons Income Eligible for WIC	694	39.0	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

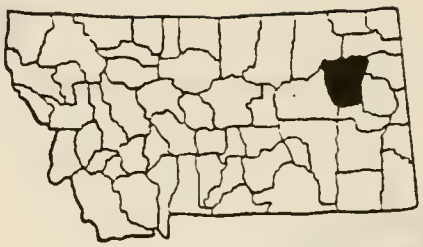
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$ 41		
3	Cleft lip/palate	619		
2	Evaluation at Speciality Clinic	71		
Total: 6			481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

MCCONE COUNTY



Health Personnel

1. Number of Physicians: 1
   Physician Ratio per 10,000 Population: 4.0
   Number of Primary Care Physicians:
   Family/General Practice: 1

2. Active Licensed Nurses: RNs - 22 LPNs - 7
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 1

Medical Facilities and Services

4. Hospitals: McCone County Hospital, Circle
   Number of Beds: 20

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: County Health Department, Circle

   Services Available:
   Prenatal Classes - Refer Out
   Immunizations - School Children Only
   WIC
   *High Risk Follow-ups
   Family Planning Counseling - Refer to Glendive
   Home Visits
   School Nursing
   Formal Community Education

*Indicates area of greatest need as noted by community health nurse. In this case, the need was expressed as "prenatal care and follow-up."

COUNTY PROFILE

MCCONE COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	2,707				
Population Density	1.0		5.4	53.3	.4
Number of Women 15-45	491	18.1%	20.0%	39.8%	14.8%
Number of Children Under 21	869	32.1%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	1.4	.64	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	19.7	7.2	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		69.2*	90.0	185.6	29.9
Infant Deaths 1977-80	2	9.9*	11.6	26.4	0
Low Birth Weights 1977-80	9	44.7*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	0	0*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	5	14.7%**	20.3 %	38.0%	5.0%
Induced Abortions	2	58.8*	173.9	450.4	0
Women In Need of Family Planning 1979	151	53.9	43.9	69.6	25.7
Births to Women Under 19	3	8.8%**	12.3%	27.6%	0
School Immunization Levels 1981		98.4 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	17	6.3	16.4	68.4	4.8
Persons Income Eligible for WIC	130	48.1	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

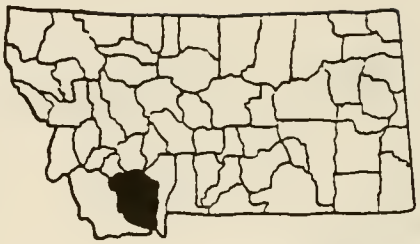
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Evaluation at Speciality Clinic	$ 74		
Total: 1			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

MADISON COUNTY



Health Personnel

1. Number of Physicians: 4
   Physician Ratio per 10,000 Population: 7.0
   Number of Primary Care Physicians:
   Family/General Practice: 3
   Specialists:
   Surgery, Orthopedic 1

2. Active Licensed Nurses: RNs - 45 LPNs - 16

3. Number of Dental Practices:
   Full-time: 2

Medical Facilities and Services

4. Hospitals:

   Madison Valley Hospital, Ennis
   Number of Beds: 11

   Services Available:
   Maternity Care

   Ruby Valley Hospital, Sheridan
   Number of Beds: 20

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: None

Public health services are extremely limited in Madison County. There is no community health nurse or school nurse. Necessary services are provided by private physician. Family planning services are provided by a satellite operation from the family planning program in Lewis and Clark County.

COUNTY PROFILE

MADISON COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	5,448				
Population Density	1.5		5.4	53.3	.4
Number of Women 15-45	990	18.1%	20.0%	39.8%	14.8%
Number of Children Under 21	1499	27.5%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	18.4	3.4	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	1	12.5%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	94.0	17.5	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		81.8*	90.0	185.6	29.9
Infant Deaths 1977-80	2	6.1*	11.6	26.4	0
Low Birth Weights 1977-80	24	74.3*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	0	0*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	16	19.7%**	20.3%	38.0%	5.0%
Induced Abortions	7	86.4*	173.9	450.4	0
Women In Need of Family Planning 1979	272	46.0	43.9	69.6	25.7
Births to Women Under 19	10	12.3%**	12.3%	27.6%	0
School Immunization Levels 1981		100.0	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	161	29.5	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

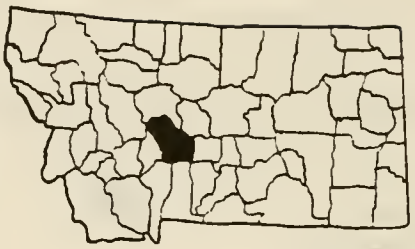
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$ 142		
1	Congenital Deformity	2,811		
1	Cleft lip/palate	114		
1	Hearing Aid	250		
Total: 4			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

MEAGHER COUNTY



Health Personnel

1. Number of Physicians: 2
   Physician Ratio per 10,000 Population: 5.0
   Number of Primary Care Physicians:
   Family/General Practice: 2

2. Active Licensed Nurses: RNs - 18 LPNs - 6

3. Number of Dental Practices: None

Medical Facilities and Services

4. Hospitals: Mountain View Memorial, White Sulphur Springs
   Number of Beds: 6

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: None

Public health services are extremely limited in Meagher County. There is no public health nurse and no school nurse. Necessary services are provided by private physician. Family planning services are provided on an outreach basis from the program in Lewis and Clark County.

COUNTY PROFILE

MEAGHER COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	2,154				
Population Density	.9		5.4	53.3	.4
Number of Women 15-45	385	17.8%	20.0%	39.8%	14.8%
Number of Children Under 21	665	30.8%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	14.1	6.5	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	1	14.3%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	60.6	28.1	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		75.3*	90.0	185.6	29.9
Infant Deaths 1977-80	3	22.9*	11.6	26.4	0
Low Birth Weights 1977-80	13	99.2*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	6	45.8*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	8	27.5%**	20.3 %	38.0 %	5.0%
Induced Abortions	6	206.8*	173.9	450.4	0
Women In Need of Family Planning 1979	111	48.2	43.9	69.6	25.7
Births to Women Under 19	8	27.6%**	12.3%	27.6%	0
School Immunization Levels 1981		97.4 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	88	40.8	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

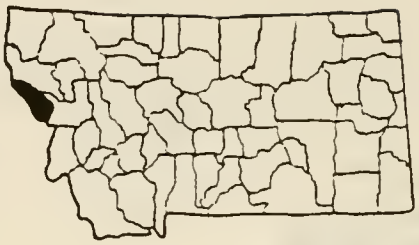
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cleft lip/palate	$1,570		
1	Evaluation at Speciality Clinic	10		
Total:	2		481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

MINERAL COUNTY



Health Personnel

1. Number of Physicians: 4
   Physician Ratio per 10,000 Population: 12.0
   Number of Primary Care Physicians:
   Family/General Practice: 3

2. Active Licensed Nurses: RNs - 20 LPNs - 4
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 1

Medical Facilities and Services

4. Hospitals: Mineral County, Superior
   Number of Beds: 10

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Superior

   Services Available:
   - Prenatal Classes
   - Immunizations
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling - As Requested
   - Home Visits
   - *Formal Community Education

*Indicates area of greatest need as noted by health officer. In this case, the need was expressed as "general health maintenance and education."

COUNTY PROFILE

MINERAL COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	3,675				
Population Density	3.0		5.4	53.3	.4
Number of Women 15-45	724	19.7%	20.0%	39.8%	14.8%
Number of Children Under 21	1,316	35.8%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	46.1	12.5	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	1	3.3%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	96.4	26.2	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		103.6*	90.0	185.6	29.9
Infant Deaths 1977-80	3	10.0*	11.6	26.4	0
Low Birth Weights 1977-80	13	43.4*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	1	3.3*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	21	28.0%**	20.3%	38.0%	5.0%
Induced Abortions	14	186.6*	173.9	450.4	0
Women In Need of Family Planning 1979	151	40.8	43.9	69.6	25.7
Births to Women Under 19	9	12.0%**	12.3%	27.6%	0
School Immunization Levels 1981		96.8%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	100	27.2	16.4	68.4	4.8
Persons Income Eligible for WIC	154	41.9	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

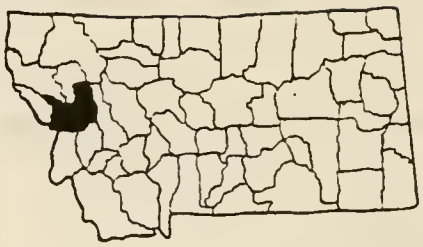
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$ 343		
1	Evaluation at Speciality Clinic	10		
Total: 2			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

MISSOULA COUNTY



Health Personnel

1. Number of Physicians: 166
   Physician Ratio per 10,000 Population: 22.0
   Number of Primary Care Physicians:
   - Family/General Practice: 21
   - Internal Medicine: 22
   - OB-GYN: 13
   - Pediatrics: 11

   Specialists:
   - Cardiovascular Diseases: 5
   - Neurology: 2

   Specialists (con't):
   - Physical Medicine & Rehab: 1
   - Surgery, Cardiovascular: 9
   - Surgery, Neurological: 10
   - Surgery, Orthopedic: 1
   - Surgery, Plastic: 1
   - Surgery, Urological: 2

2. Active Licensed Nurses: RNs - 636 LPNs - 238
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 56 Split: 8

Medical Facilities and Services

4. Hospitals:

Missoula General	Missoula Community	St. Patricks
Number of Beds: 57	Number of Beds: 115	Number of Beds: 217

   Services Available:
   - Maternity Care - Missoula Community Only
   - Pediatric Care - Available At All Three
   - Premature Nursery - Missoula Community Only
   - Neonatal ICU - Missoula Community Only

5. Public Clinics: County Health Department, Missoula
   Services Available:
   - *Prenatal Classes
   - Immunizations
   - WIC
   - Parenting Classes
   - Home Visits
   - Formal Community Education
   - Well Child Clinics
   - VD Screening
   - High Risk Follow-ups
   - Family Planning Counseling - Refer to Clinic
   - Formal Services for Pregnant Teens
   - *Other: Special at Risk Program, Teen Pregnancy Project, and Special Services to Refugee Population

*Indicates areas of greatest need as noted by health officials. In this case, the need was expressed as prenatal "at risk monitoring and postnatal monitoring, in addition to problems associated with parenting."

6. Other Clinics: Planned Parenthood of the Northern Rockies, Five Valleys Health Care Corporation, S.O.S. Clinic in Seely Lake, and Urban Indian Health Center - Qua Qui Corporation

COUNTY PROFILE

MISSOULA COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	76,016				
Population Density	29.1		5.4	53.3	.4
Number of Women 15-45	15,885	20.8 %	20.0%	39.8%	14.8%
Number of Children Under 21	19,547	25.7 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	852.4	11.2	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	37	7.9 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	2027.6	26.6	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		87.2 *	90.0	185.6	29.9
Infant Deaths 1977-80	58	11.6 *	11.6	26.4	0
Low Birth Weights 1977-80	313	62.9 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	15	3.0 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	222	16.0 %**	20.3 %	38.0 %	5.0%
Induced Abortions	601	433.9 *	173.9	450.4	0
Women In Need of Family Planning 1979	3001	43.3	43.9	69.6	25.7
Births to Women Under 19	124	8.9 %**	12.3%	27.6%	0
School Immunization Levels 1981		96.6 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	1417 [1]	18.6	16.4	68.4	4.8
Persons Income Eligible for WIC	2512	33.0	40.8	113.3	18.3

[1] numbers include WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

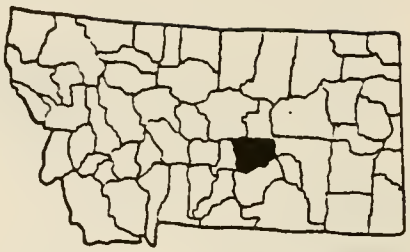
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
3	Cystic Fibrosis	$ 188		
3	Cardiac	463		
1	Neurological	24		
11	Bone/Orthopedic	9,090		
3	Congenital Deformity	4,939		
14	Cleft lip/palate	10,543		
1	Hearing Medical	1,680		
5	Other conditions	461		
13	Evaluation, Speciality clinic	419		
2	Newborn Transport	4,854		
3	Hearing Aid	870		
TOTAL:	59		481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

MUSSELSHELL COUNTY



Health Personnel

1. Number of Physicians: 1
   Physician Ratio per 10,000 Population: 2.0
   Number of Primary Care Physicians:
   Family/General Practice: 1

2. Active Licensed Nurses: RNs - 18 LPNs - 6

3. Number of Dental Practices:
   Full-time: 1
   Split: 1

Medical Facilities and Services

4. Hospitals: Roundup Memorial, Roundup
   Number of Beds: 17

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: None

   Family Planning Counseling[1]

Musselshell County does not have a public health nurse. Limited nursing services are available upon written request of the Musselshell County Commissioners from the Central Montana Health District in Lewistown. Yellowstone County provides visiting nurse service by contract with a local nurse. A part-time school nurse is employed.

[1]Outreach services are provided by the family planning program in Yellowstone County.

COUNTY PROFILE

MUSSELSHELL COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	4,428				
Population Density	2.3		5.4	53.3	.4
Number of Women 15-45	712	16.0%	20.0%	39.8%	14.8%
Number of Children Under 21	1397	31.5%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	30.6	6.9	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	1	5.3%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	120.8	27.2	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		106.7 *	90.0	185.6	29.9
Infant Deaths 1977-80	2	6.6 *	11.6	26.4	0
Low Birth Weights 1977-80	9	29.7 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	2	6.6 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	20	26.3 %**	20.3 %	38.0 %	5.0 %
Induced Abortions	12	157.8 *	173.9	450.4	0
Women In Need of Family Planning 1979	199	43.2	43.9	69.6	25.7
Births to Women Under 19	9	11.8 %**	12.3%	27.6%	0
School Immunization Levels 1981		96.8 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	162	36.5	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

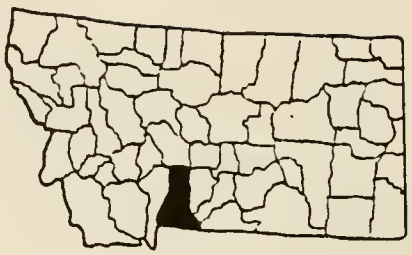
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cleft lip/palate	--		
Total: 1			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

PARK COUNTY



Health Personnel

1. Number of Physicians: 15
   Physician Ratio per 10,000 Population: 12.0
   Number of Primary Care Physicians:
   - Family/General Practice: 8
   - Internal Medicine: 2
   - Pediatrics: 1

2. Active Licensed Nurses: RNs - 97 LPNs - 39
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 7
   - Split: 1

Medical Facilities and Services

4. Hospitals: Livingston Memorial, Livingston
   Number of Beds: 54

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Livingston

   Services Available:
   - *Prenatal Classes (-)
   - *Well Child Clinics
   - Immunizations
   - WIC
   - *High Risk Follow-ups
   - *Formal Community Educ.
   - Family Planning Counseling - Refer to Bozeman
   - Home Visits
   - School Nursing - Preschool Screening
   - Formal Services for Pregnant Teenagers

*Indicates areas of greatest need as noted by community health nurse.
(-)Services needed but not rendered.

COUNTY PROFILE

PARK COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	12,660				
Population Density	4.8		5.4	53.3	.4
Number of Women 15-45	2,422	19.1%	20.0%	39.8%	14.8%
Number of Children Under 21	3,472	27.4%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	76.9	6.1	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	7	12.3%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	324.0	25.5	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		88.8*	90.0	185.6	29.9
Infant Deaths 1977-80	7	8.7*	11.6	26.4	0
Low Birth Weights 1977-80	43	54.0*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	7	8.7*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	43	20.0%**	20.3 %	38.0 %	5.0%
Induced Abortions	50	232.5*	173.9	450.4	0
Women In Need of Family Planning 1979	602	44.9	43.9	69.6	25.7
Births to Women Under 19	29	13.5%**	12.3%	27.6%	0
School Immunization Levels 1981		94.2 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	139	10.9	16.4	68.4	4.8
Persons Income Eligible for WIC	407	32.1	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
3	Neurological	$ 692		
2	Cleft lip/palate	1,312		
3	Evaluation at Speciality Clinics	12		
1	Hearing Aid	252		
TOTAL: 9			481	8.6

* rate per 1,000 live births

** percent of live births 1980

COUNTY PROFILE

PETROLEUM COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	655				
Population Density	.4		5.4	53.3	.4
Number of Women 15-45	97	14.8%	20.0%	39.8%	14.8%
Number of Children Under 21	254	38.7%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	3.6	5.5	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	3.2	4.8	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		185.6*	90.0	185.6	29.9
Infant Deaths 1977-80	0	0*	11.6	26.4	0
Low Birth Weights 1977-80	1	20.8*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	0	0*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	4	22.2%**	20.3 %	38.0 %	5.0%
Induced Abortions	0	0*	173.9	450.4	0
Women In Need of Family Planning 1979	25	41.6	43.9	69.6	25.7
Births to Women Under 19	3	16.7%**	12.3%	27.6%	0
School Immunization Levels 1981		100.0%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	28	42.7	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

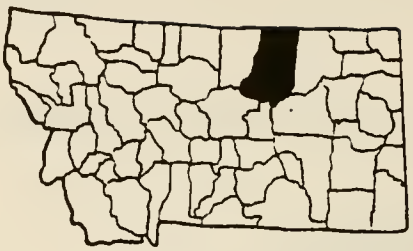
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Hearing Aid	$ 250		
Total: 1			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

PHILLIPS COUNTY



Health Personnel

1. Number of Physicians: 4
   Physician Ratio per 10,000 Population: 7.0
   Number of Primary Care Physicians:
   Family/General Practice: 4

2. Active Licensed Nurses: RNs - 28 LPNs - 14
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 2

Medical Facilities and Services

4. Hospitals: Phillips County Hospital, Malta
   Number of Beds: 30

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: County Health Department, Malta

   Services Available:
   *Prenatal Classes
   Immunizations
   WIC, IHS also
   *High Risk Follow-ups
   Family Planning Counseling - Refer to Clinic
   Home Visits
   School Nursing - Preschool Screens
   Formal Community Education

*Indicates areas of greatest need as noted by public health nurse. In this case, the needs were listed as "prenatal and postnatal care and nutrition."

6. Other Clinics: Phillips County Family Planning
   Indian Health Service in Harlem

COUNTY PROFILE

PHILLIPS COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	5,367				
Population Density	1.0		5.4	53.3	.4
Number of Women 15-45	975	18.1%	20.0%	39.8%	14.8%
Number of Children Under 21	1,621	30.2%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	32.8	6.1	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	3	13.6%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	123.5	23.0	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		106.7*	90.0	185.6	29.9
Infant Deaths 1977-80	5	12.4*	11.6	26.4	0
Low Birth Weights 1977-80	23	57.2*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	3	7.4*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	12	11.5%**	20.3 %	38.0 %	5.0%
Induced Abortions	9	86.5*	173.9	450.4	0
Women In Need of Family Planning 1979	329	59.8	43.9	69.6	25.7
Births to Women Under 19	12	11.5%**	12.3%	27.6%	0
School Immunization Levels 1981		76.4%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	26 [1]	4.8	16.4	68.4	4.8
Persons Income Eligible for WIC	212	39.5	40.8	113.3	18.3

[1] numbers reflect WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

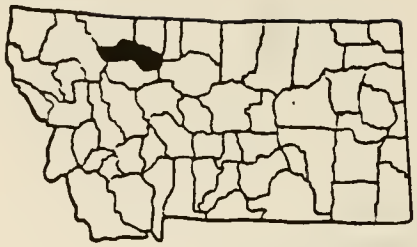
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cleft lip/palate	$ --		
1	Hearing, medical	--		
7	Evaluation at Speciality Clinic	241		
Total: 9			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

PONDERA COUNTY



Health Personnel

1. Number of Physicians: 5
   Physician Ratio per 10,000 Population: 7.0
   Number of Primary Care Physicians:
   Family/General Practice: 3

2. Active Licensed Nurses: RNs - 46 LPNs - 32
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 3

Medical Facilities and Services

4. Hospitals: Pondera Medical Center, Conrad
   Number of Beds: 50

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Conrad

   Services Available:
   - Well Child Clinics
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling[1]
   - Home Visits
   - School Nursing
   - *Formal Community Education

*Indicates area of greatest need as noted by community health nurse.

[1]Outreach services are provided by the family planning program in Cascade County.

COUNTY PROFILE

PONDERA COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	6,731				
Population Density	4.1		5.4	53.3	.4
Number of Women 15-45	975	18.1%	20.0%	39.8%	14.8%
Number of Children Under 21	1621	30.2%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	82.3	12.2	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	6	13.0%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	144.4	21.4	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		100.4*	90.0	185.6	29.9
Infant Deaths 1977-80	8	15.6*	11.6	26.4	0
Low Birth Weights 1977-80	32	62.5*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	5	9.7*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	33	25.1%**	20.3%	38.0%	5.0%
Induced Abortions	19	145.0*	173.9	450.4	0
Women In Need of Family Planning 1979	331	46.6	43.9	69.6	25.7
Births to Women Under 19	16	12.2%**	12.3%	27.6%	0
School Immunization Levels 1981		97.6%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	120 [1]	17.8	16.4	68.4	4.8
Persons Income Eligible for WIC	212	39.5	40.8	113.3	18.3

[1] numbers include WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

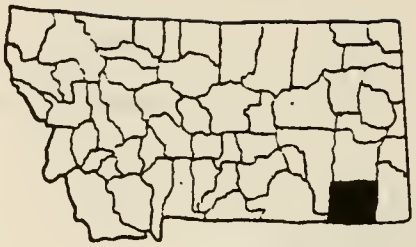
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$ 123		
1	Neurological	654		
1	Bone/orthopedic	150		
2	Cleft lip/palate	2,053		
4	Evaluation at Speciality Clinics	125		
TOTAL: 9			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

POWDER RIVER COUNTY



Health Personnel

1. Number of Physicians: 1
   Physician Ratio per 10,000 Population: 4.0
   Number of Primary Care Physicians:
   Internal Medicine 1

2. Active Licensed Nurses: RNs - 15 LPNs - 3
   Community Health Nurse

3. Number of Dental Practices:
   Split: 1

Medical Facilities and Services

4. Hospitals: None

5. Public Clinics: County Health Department, Broadus

   Services Available:
   - Immunizations
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling[1]
   - Home Visits
   - School Nursing

[1]Family planning clinic services are provided in Powder River County under the sponsorship of the program in Custer County.

COUNTY PROFILE

POWDER RIVER COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	2,520				
Population Density	.8		5.4	53.3	.4
Number of Women 15-45	528	20.9%	20.0%	39.8%	14.8%
Number of Children Under 21	809	32.1%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	5.1	2.0	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	1	100.0%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	25.6	10.1	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		90.9*	90.0	185.6	29.9
Infant Deaths 1977-80	2	10.5*	11.6	26.4	0
Low Birth Weights 1977-80	10	52.6*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	1	5.2*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	11	22.9%**	20.3 %	38.0 %	5.0%
Induced Abortions	1	20.8*	173.9	450.4	0
Women In Need of Family Planning 1979	174	69.6	43.9	69.6	25.7
Births to Women Under 19	2	4.2 %**	12.3%	27.6%	0
School Immunization Levels 1981		97.6%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	15	5.9	16.4	68.4	4.8
Persons Income Eligible for WIC	328	48.7	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

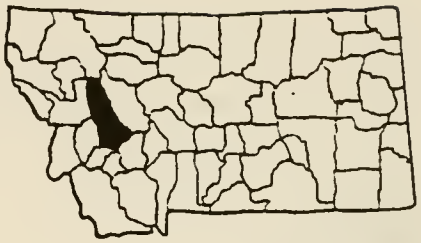
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
NONE			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

POWELL COUNTY



Health Personnel

1. Number of Physicians: 8
   Physician Ratio per 10,000 Population: 11.0
   Number of Primary Care Physicians:
   - Family/General Practice: 6
   - Specialists:
     - Surgery, Urological: 1

2. Active Licensed Nurses: RNs - 49 LPNs - 30

3. Number of Dental Practices:
   - Full-time: 4
   - Split: 1

Medical Facilities and Services

4. Hospitals: Powell County, Deer Lodge
   Number of Beds: 35

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: None

Powell County does not have a community health nurse, although they do employ a school nurse. Family planning, WIC, and dental services are provided on a satellite arrangement with Silver Bow County.

COUNTY PROFILE

POWELL COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	6,958				
Population Density	3.0		5.4	53.3	.4
Number of Women 15-45	1,352	19.4 %	20.0%	39.8%	14.8%
Number of Children Under 21	2,022	29.0 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	65.8	9.5	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	3	5.7 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	176.6	25.3	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		75.4 *	90.0	185.6	29.9
Infant Deaths 1977-80	3	6.9 *	11.6	26.4	0
Low Birth Weights 1977-80	27	62.7 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	2	4.6 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	15	14.7 %**	20.3 %	38.0 %	5.0 %
Induced Abortions	22	215.6 *	173.9	450.4	0
Women In Need of Family Planning 1979	303	39.8	43.9	69.6	25.7
Births to Women Under 19	11	10.8 %**	12.3%	27.6%	0
School Immunization Levels 1981		97.6 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	125	18.0	16.4	68.4	4.8
Persons Income Eligible for WIC	259	37.2	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

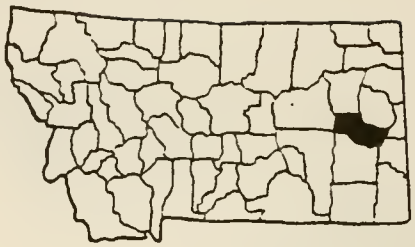
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
2	Neurological	$ 7		
1	Congenital Deformity	75		
1	Hearing Aid	380		
Total: 4			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

PRAIRIE COUNTY



Health Personnel

1. Number of Physicians: 1
   Physician Ratio per 10,000 Population: 5.0
   Number of Primary Care Physicians:
   Family/General Practice: 6

2. Active Licensed Nurses: RNs - 16 LPNs - 4
   Community Health Nurse

3. Number of Dental Practices: None

Medical Facilities and Services

4. Hospitals: Prairie Community, Terry
   Number of Beds: 6

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Terry

   Services Available:
   - Immunizations
   - WIC - from Miles City
   - *High Risk Follow-ups
   - Family Planning Counseling[1]
   - Home Visits

*Indicates area of greatest need as noted by health officials. In this case, the need was expressed as "care for newborns."

Public health nursing has just recently started in Prairie County. The program is being run in conjunction with Dawson County's Home Health Nurse Program.

[1]Outreach services are provided to the county by the family planning program in Custer County.

COUNTY PROFILE

PRAIRIE COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	1,836				
Population Density	1.1		5.4	53.3	.4
Number of Women 15-45	336	18.3%	20.0%	39.8%	14.8%
Number of Children Under 21	501	27.2%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	4.3	2.3	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	24.8	13.5	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		50.6*	90.0	185.6	29.9
Infant Deaths 1977-80	0	0*	11.6	26.4	0
Low Birth Weights 1977-80	7	66.6*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	0	0*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	1	5.0%**	20.3 %	38.0 %	5.0%
Induced Abortions	1	58.8*	173.9	450.4	0
Women In Need of Family Planning 1979	87	45.7	43.9	69.6	25.7
Births to Women Under 19	2	11.8%**	12.3%	27.6%	0
School Immunization Levels 1981		99.4 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	10	5.4	16.4	68.4	4.8
Persons Income Eligible for WIC	69	37.5	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

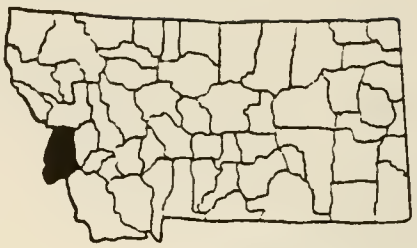
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
NONE			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

RAVALLI COUNTY



Health Personnel

1. Number of Physicians: 13
   Physician Ratio per 10,000 Population: 6.0
   Number of Primary Care Physicians:
   - Family/General Practice: 6
   - Internal Medicine: 2
   - Pediatrics: 1

   Specialists:
   - Surgery, Orthopedic 1

2. Active Licensed Nurses: RNs - 128 LPNs - 60
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 10
   - Part-time: 2
   - Split: 2

Medical Facilities and Services

4. Hospitals: Marcus Daly Memorial, Hamilton
   Number of Beds: 48

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Hamilton

   Services Available:
   - Prenatal Classes
   - *Well Child Clinics
   - Immunizations
   - VD Screening - In Family Planning
   - WIC
   - *High Risk Follow-ups
   - *Family Planning Counseling - Complete Clinic
   - Parenting Classes
   - Home Visits
   - School Nursing
   - Formal Community Education
   - Other: Special Services for Refugee Population

   *Indicates areas of greatest need as noted by community health nurse.

6. Other Clinics: Five Valleys Health Care

RAVALLI COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	22,493				
Population Density	9.4		5.4	53.3	.4
Number of Women 15-45	3,883	17.2 %	20.0%	39.8%	14.8%
Number of Children Under 21	6,195	27.5 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	194.8	8.6	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	11	10.9 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	635.7	28.2	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		88.3 *	90.0	185.6	29.9
Infant Deaths 1977-80	14	11.1 *	11.6	26.4	0
Low Birth Weights 1977-80	70	55.7 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	10	7.9 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	59	17.2 %**	20.3 %	38.0%	5.0%
Induced Abortions	58	169.0 *	173.9	450.4	0
Women In Need of Family Planning 1979	832	37.3	43.9	69.6	25.7
Births to Women Under 19	46	13.4 %**	12.3%	27.6%	0
School Immunization Levels 1981		94.2 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	533	23.6	16.4	68.4	4.8
Persons Income Eligible for WIC	589	26.1	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

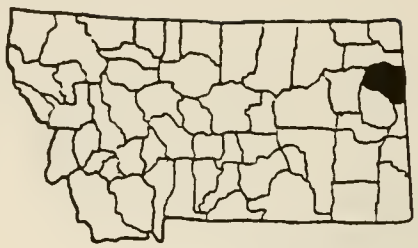
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$ 227		
1	Neurological	640		
5	Bone/orthopedic	315		
3	Congenital Deformity	3,710		
3	Cleft lip/palate	2,779		
2	Hearing, medical	2,127		
2	Other Conditions	833		
6	Evaluation, Speciality Clinic	204		
1	Hearing Aid	252		
TOTAL: 24			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

RICHLAND COUNTY



Health Personnel

1. Number of Physicians: 11
   Physician Ratio per 10,000 Population: 9.0
   Number of Primary Care Physicians:
   - Family/General Practice: 3
   - Internal Medicine: 2

   Specialists:
   - Surgery, Orthopedic 1

2. Active Licensed Nurses: RNs - 71 LPNs - 36
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 6

Medical Facilities and Services

4. Hospitals: Community Memorial, Sidney
   Number of Beds: 55

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Sidney

   Services Available:
   - Prenatal Classes
   - Well Child Clinics
   - Immunizations
   - WIC
   - High Risk Follow-ups
   - Family Planning Counseling[1]
   - Parenting Classes
   - Home Visits
   - School Nursing
   - *Formal Community Education

*Indicates area of greatest need as noted by community health nurse.

[1]Family planning clinic services are provided in the county under sponsorship of the program in Dawson County.

COUNTY PROFILE

ALL DATA FOR 1980 EXCEPT WHERE NOTED

RICHLAND COUNTY

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	12,243				
Population Density	5.9		5.4	53.3	.4
Number of Women 15-45	2,115	17.2 %	20.0%	39.8%	14.8%
Number of Children Under 21	3,619	29.5 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	49.2	4.0	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	4	13.8 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	170.9	13.9	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		139.5 *	90.0	185.6	29.9
Infant Deaths 1977-80	14	13.8 *	11.6	26.4	0
Low Birth Weights 1977-80	53	52.4 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	11	10.8 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	84	28.4 %**	20.3 %	38.0 %	5.0%
Induced Abortions	37	125.4 *	173.9	450.4	0
Women In Need of Family Planning 1979	542	48.3	43.9	69.6	25.7
Births to Women Under 19	34	11.5 %**	12.3%	27.6%	0
School Immunization Levels 1981		96.2 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	112	9.1	16.4	68.4	4.8
Persons Income Eligible for WIC	477	38.9	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

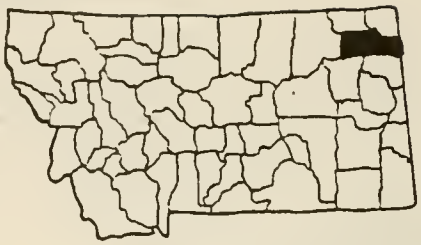
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Neurological	$ --		
2	Bone/orthopedic	396		
2	Cleft lip/palate	776		
1	Hearing Aid	568		
Total:	6		481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

ROOSEVELT COUNTY



Health Personnel

1. Number of Physicians: 9
   Physician Ratio per 10,000 Population: 9.0
   Number of Primary Care Physicians:
   Family/General Practice: 7

2. Active Licensed Nurses: RNs - 70 LPNs - 44
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 2
   Split: 1

Medical Facilities and Services

4. Hospitals:

Roosevelt Memorial	Trinity Hospital	Poplar Hospital
Culbertson	Wolf Point	Poplar
Number of Beds: 14	Number of Beds: 42	Number of Beds: 22

   Services Available:
   Maternity Care - Trinity and Poplar only
   Pediatric Care - Trinity and Poplar only

5. Public Clinics: County Health Department, Wolf Point

   Services Available:
   *Prenatal Classes
   *Well Child Clinics (-)
   Immunizations
   WIC - Indian Health Service
   High Risk Follow-ups
   Home Visits
   School Nursing - Preschool Screening
   Formal Community Education

   *Indicates areas of greatest need as noted by community health nurse.
   (-)Services needed but not rendered.

6. Other Clinics: Indian Health Service at Wolf Point and Poplar

COUNTY PROFILE

ROOSEVELT COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	10,467				
Population Density	4.4		5.4	53.3	.4
Number of Women 15-45	2,019	19.2%	20.0%	39.8%	14.8%
Number of Children Under 21	3,745	35.7%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	234.2	22.3	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	14	16.5%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	292.0	27.8	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		116.9*	90.0	185.6	29.9
Infant Deaths 1977-80	13	13.8*	11.6	26.4	0
Low Birth Weights 1977-80	38	40.3*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	15	15.9*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	52	22.0%**	20.3 %	38.0 %	5.0%
Induced Abortions	36	152.5*	173.9	450.4	0
Women In Need of Family Planning 1979	332	31.0	43.9	69.6	25.7
Births to Women Under 19	46	19.5%**	12.3%	27.6%	0
School Immunization Levels 1981		94.2 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	563[1]	53.8	16.4	68.4	4.8
Persons Income Eligible for WIC	861	82.2	40.8	113.3	18.3

[1] number reflects WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

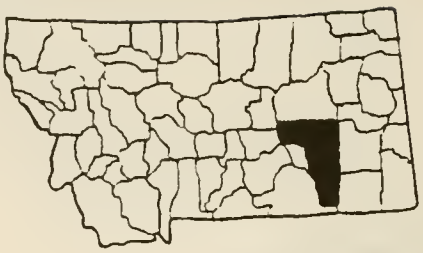
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$ 42		
1	Congenital Deformity	370		
1	Cleft lip/palate	184		
15	Evaluation at Speciality Clinic	682		
Total: 18			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

ROSEBUD COUNTY



Health Personnel

1. Number of Physicians: 7
   Physician Ratio per 10,000 Population: 7.0
   Number of Primary Care Physicians:
   - Family/General Practice: 4
   - Internal Medicine: 1

2. Active Licensed Nurses: RNs - 48 LPNs - 28
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 5

Medical Facilities and Services

4. Hospitals: Rosebud Community, Forsyth
   Number of Beds: 18

   Services Available:
   - Maternity Care

5. Public Clinics: County Health Department, Forsyth

   Services Available:
   - *Prenatal Classes
   - *Well Child Clinics
   - *Immunizations
   - WIC, IHS also
   - High Risk Follow-ups
   - Family Planning Counseling[1]
   - Parenting Classes - As Needed
   - Home Visits
   - School Nursing - Preschool Screens
   - Formal Community Education
   - Formal Services for Pregnant Teenagers - As Needed

*Indicates areas of greatest need as noted by community health nurse. In this case, the needs were cited as prenatal and postnatal follow-up care, as well as well baby clinics and immunizations.

[1]Family planning clinic service is available in Rosebud County under the sponsorship of the Custer County program.

6. Other Clinics: Indian Health Service in Lame Deer

COUNTY PROFILE

ROSEBUD COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	9,899				
Population Density	2.0		5.4	53.3	.4
Number of Women 15-45	1,820	18.3 %	20.0%	39.8%	14.8%
Number of Children Under 21	3,643	36.8 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	119.3	12.1	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	2	13.3 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	120.1	12.1	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		116.5 *	90.0	185.6	29.9
Infant Deaths 1977-80	14	15.7 *	11.6	26.4	0
Low Birth Weights 1977-80	52	58.5 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	19	21.3 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	54	25.4 %**	20.3 %	38.0 %	5.0%
Induced Abortions	21	99.0 *	173.9	450.4	0
Women In Need of Family Planning 1979	278	28.6	43.9	69.6	25.7
Births to Women Under 19	22	10.4 %**	12.3%	27.6%	0
School Immunization Levels 1981		92.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	260[1]	26.2	16.4	68.4	4.8
Persons Income Eligible for WIC	593	59.5	40.8	113.3	18.3

[1] numbers include WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

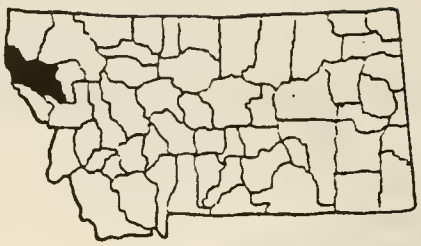
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Neurological	$ 312		
1	Bone/orthopedic	841		
Total: 2			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

SANDERS COUNTY



Health Personnel

1. Number of Physicians: 5
   Physician Ratio per 10,000 Population: 6.0
   Number of Primary Care Physicians:
   - Family/General Practice: 4
   - Specialists:
     - Surgery, Orthopedic: 1

2. Active Licensed Nurses: RNs - 49 LPNs - 19
   Community Health Nurse

3. Number of Dental Practices:
   - Full-time: 3

Medical Facilities and Services

4. Hospitals: Clark Fork Valley Hospital, Plains
   Number of Beds: 20

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Thompson Falls

   Services Available:
   - Prenatal Classes
   - Well Child Clinics
   - Immunizations
   - *WIC
   - High Risk Follow-ups
   - Family Planning Counseling - Some
   - School Nursing
   - *Formal Community Education

*Nutrition, financial support, and health education were cited as the areas of greatest need, according to the community health nurse.

COUNTY PROFILE

ALL DATA FOR 1980 EXCEPT WHERE NOTED

SANDERS COUNTY

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	8,675				
Population Density	3.1		5.4	53.3	.4
Number of Women 15-45	1,633	18.8 %	20.0%	39.8%	14.8%
Number of Children Under 21	2,655	30.6 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	56.7	6.5	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	5	16.7%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	230.1	26.5	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		78.4*	90.0	185.6	29.9
Infant Deaths 1977-80	6	9.8*	11.6	26.4	0
Low Birth Weights 1977-80	34	55.9*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	5	8.2*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	32	25.0%**	20.3 %	38.0%	5.0%
Induced Abortions	16	125.0*	173.9	450.4	0
Women In Need of Family Planning 1979	366	39.7	43.9	69.6	25.7
Births to Women Under 19	14	10.9%**	12.3%	27.6%	0
School Immunization Levels 1981		90.6%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	206 [1]	23.7	16.4	68.4	4.8
Persons Income Eligible for WIC	398	45.8	40.8	113.3	18.3

[1] includes WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

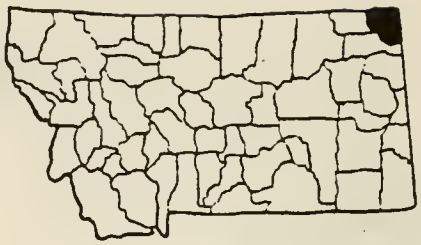
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
2	Bone/Orthopedic	$ 246		
1	Congenital Deformity	349		
1	Other conditions	4,915		
2	Evaluation at Speciality Clinic	76		
Total: 6			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

SHERIDAN COUNTY



Health Personnel

1. Number of Physicians: 3
   Physician Ratio per 10,000 Population: 5.0
   Number of Primary Care Physicians:
   Family/General Practice: 3

2. Active Licensed Nurses: RNs - 53 LPNs - 14
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 2

Medical Facilities and Services

4. Hospitals: Sheridan Memorial, Plentywood
   Number of Beds: 21

   Services Available:
   - Maternity Care
   - Pediatric Care
   - Premature Nursery

5. Public Clinics: County Health Department, Plentywood

   Services Available:
   - Immunizations
   - High Risk Follow-ups
   - Family Planning Counseling - On Request
   - Home Visits
   - School Nursing
   - *Formal Services for Pregnant Teenagers(-)

*Indicates area of greatest need as noted by community health nurse.
(-)Services needed but not rendered.

COUNTY PROFILE

SHERIDAN COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	5,414				
Population Density	3.2		5.4	53.3	.4
Number of Women 15-45	915	16.9 %	20.0%	39.8%	14.8%
Number of Children Under 21	1,619	29.9 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	22.5	6.5	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	3	42.9 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	74.6	13.7	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		112.6 *	90.0	185.6	29.9
Infant Deaths 1977-80	4	10.4 *	11.6	26.4	0
Low Birth Weights 1977-80	16	41.8 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	1	2.6 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	10	9.7 %**	20.3%	38.0%	5.0%
Induced Abortions	9	87.3 *	173.9	450.4	0
Women In Need of Family Planning 1979	291	54.9	43.9	69.6	25.7
Births to Women Under 19	12	11.7 %**	12.3%	27.6%	0
School Immunization Levels 1981		98.8 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	185	34.1	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

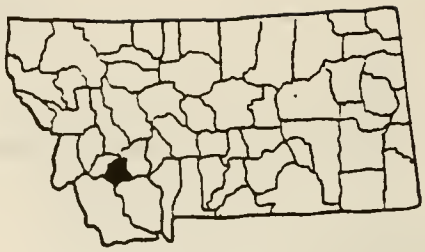
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$ 37		
1	Bone/orthopedic	3,623		
1	Evaluation at Speciality Clinic	41		
Total: 3			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

SILVER BOW COUNTY



Health Personnel

1. Number of Physicians: 56
   Physician Ratio per 10,000 Population: 15.0
   Number of Primary Care Physicians:

Family/General Practice:	6	Specialists:	
Internal Medicine:	9	ENT:	2
OB-GYN:	3	Surgery, Orthopedic	4
Pediatrics:	3	Surgery, Plastic	1
		Surgery, Urological	3

2. Active Licensed Nurses: RNs - 390 LPNs - 226
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 28
   Split: 5

Medical Facilities and Services

4. Hospitals:

Silver Bow General, Butte	St. James Community, Butte
Number of Beds: 140	Number of Beds: 180

   Services Available:
   - Maternity Care - General and St. James
   - Pediatric Care - General and St. James
   - Premature Nursery - St. James Only
   - Neonatal ICU - St. James Only

5. Public Clinics: County Health Department, Butte

   Services Available:
   - Prenatal Classes
   - Well Child Clinics
   - Immunizations
   - VD Screening - In Family Planning
   - WIC
   - *High Risk Follow-ups
   - Family Planning Counseling - Refer to Clinic
   - Parenting Classes
   - Home Visits
   - Formal Community Education

   *Indicates area of greatest need as noted by health officer.

6. Other Clinics: Family Services Center, Family Planning Program
   Outreach Services by Urban Indian Health Center

COUNTY PROFILE

ALL DATA FOR 1980 EXCEPT WHERE NOTED

SILVER BOW COUNTY

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	38,092				
Population Density	53.3		5.4	53.3	.4
Number of Women 15-45	6,833	17.9 %	20.0%	39.8%	14.8%
Number of Children Under 21	10,953	28.7 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	427.5	11.2	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	32	10.2 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	1474.8	38.7	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		85.6 *	90.0	185.6	29.9
Infant Deaths 1977-80	35	15.1 *	11.6	26.4	0
Low Birth Weights 1977-80	165	71.3 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	20	8.6 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	109	18.6 %**	20.3 %	38.0 %	5.0%
Induced Abortions	111	190.0 *	173.9	450.4	0
Women In Need of Family Planning 1979	1621	42.2	43.9	69.6	25.7
Births to Women Under 19	84	14.4 %**	12.3%	27.6%	0
School Immunization Levels 1981		96.2 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	630	16.5	16.4	68.4	4.8
Persons Income Eligible for WIC	1414	36.1	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

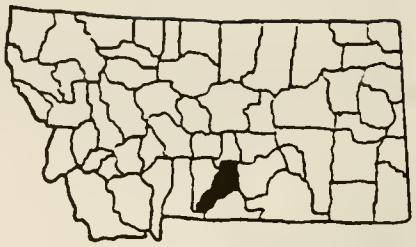
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Neurological	$3,640		
5	Bone/orthopedic	408		
3	Congenital Deformity	399		
11	Cleft lip/palate	4,471		
4	Other conditions	557		
5	Evaluation at Speciality Clinics	148		
1	Hearing Aid	295		
Total:	30		481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

STILLWATER COUNTY



Health Personnel

1. Number of Physicians: 3
   Physician Ratio per 10,000 Population: 5.0
   Number of Primary Care Physicians:
   Family/General Practice: 3

2. Active Licensed Nurses: RNs - 25 LPNs - 21
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 3
   Split: 1

Medical Facilities and Services

4. Hospitals: Stillwater Community, Columbus
   Number of Beds: 17

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: County Health Department, Columbus

   Services Available:
   *Prenatal Classes - Individual
   *Well Child Clinics
   Immunizations
   WIC
   High Risk Follow-ups
   Family Planning Counseling[1]
   Home Visits

*Indicates areas of greatest need as noted by community health nurse. Home visits in Stillwater County are conducted by the Yellowstone Visiting Nurse Program.

[1]Outreach services are provided by the family planning program in Yellowstone County.

COUNTY PROFILE

STILLWATER COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	5,598				
Population Density	3.1		5.4	53.3	.4
Number of Women 15-45	1,052	18.7 %	20.0%	39.8%	14.8%
Number of Children Under 21	1,555	27.7 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	28.4	5.1	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	124.7	22.2	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		78.9 *	90.0	185.6	29.9
Infant Deaths 1977-80	4	11.7 *	11.6	26.4	0
Low Birth Weights 1977-80	16	46.9 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	3	8.7 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	16	19.2 %**	20.3%	38.0%	5.0%
Induced Abortions	7	84.3 *	173.9	450.4	0
Women In Need of Family Planning 1979	261	42.0	43.9	69.6	25.7
Births to Women Under 19	7	8.4 %**	12.3%	27.6%	0
School Immunization Levels 1981		94.4 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	71	12.7	16.4	68.4	4.8
Persons Income Eligible for WIC	169	30.1	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

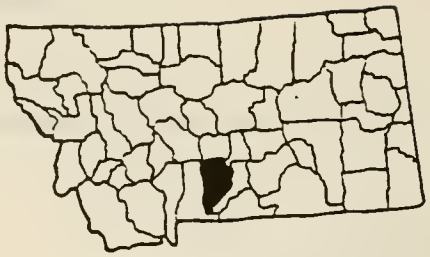
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
2	Cleft lip/palate	$ 381		
Total: 2			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

SWEET GRASS COUNTY



Health Personnel

1. Number of Physicians: 3
   Physician Ratio per 10,000 Population: 9.0
   Number of Primary Care Physicians:
   - Family/General Practice: 2
   - OB-GYN: 1

2. Active Licensed Nurses: RNs - 21 LPNs - 12

3. Number of Dental Practices:
   - Full-time: 1

Medical Facilities and Services

4. Hospitals: Sweet Grass Community, Big Timber
   Number of Beds: 17

   Services Available:
   - Maternity Care

5. Public Clinics: None

   - Family Planning Counseling[1]

There is only limited public health services available in the county. A school nurse is employed by the county, but not a public health nurse. Necessary services are provided by the private physicians. Visiting nurse services are available by contract from the Yellowstone Visiting Nurse Program.

[1]Outreach services are provided by the family planning program in Yellowstone County.

COUNTY PROFILE

SWEET GRASS COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	3,216				
Population Density	1.7		5.4	53.3	.4
Number of Women 15-45	529	16.4 %	20.0%	39.8%	14.8%
Number of Children Under 21	757	23.5 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	4.2	1.3	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	44.3	13.7	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		102.1 *	90.0	185.6	29.9
Infant Deaths 1977-80	2	9.7 *	11.6	26.4	0
Low Birth Weights 1977-80	15	46.9 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	3	8.7 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	13	24.0 %**	20.3 %	38.0 %	5.0%
Induced Abortions	7	205.8 *	173.9	450.4	0
Women In Need of Family Planning 1979	155	46.9	43.9	69.6	25.7
Births to Women Under 19	4	7.4 %**	12.3%	27.6%	0
School Immunization Levels 1981		98.2 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	101	31.4	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

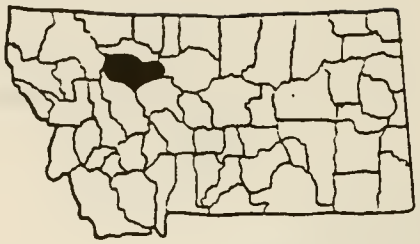
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
NONE			481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

TETON COUNTY



Health Personnel

1. Number of Physicians: 5
   Physician Ratio per 10,000 Population: 8.0
   Number of Primary Care Physicians:
   Family/General Practice: 4

2. Active Licensed Nurses: RNs - 55 LPNs - 13
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 2

Medical Facilities and Services

4. Hospitals: Teton Medical Center, Choteau
   Number of Beds: 22

   Services Available:
   - Maternity Care
   - Pediatric Care

5. Public Clinics: County Health Department, Choteau

   Services Available:
   - Prenatal Classes - Individual Basis
   - *Well Child Clinics
   - Immunizations
   - *WIC
   - High Risk Follow-ups
   - Family Planning Counseling - Individual Basis[1]
   - Home Visits
   - School Nursing - Preschool Screening

*Indicates areas of greatest need as noted by community health nurse.

[1]Outreach services are provided by the family planning program in Cascade County

COUNTY PROFILE

TETON COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	6,491				
Population Density	2.8		5.4	53.3	.4
Number of Women 15-45	1,168	17.9 %	20.0%	39.8%	14.8%
Number of Children Under 21	2,029	31.2 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	30.6	4.7	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	2	10.0 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	134.5	20.7	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		101.1 *	90.0	185.6	29.9
Infant Deaths 1977-80	7	14.7 *	11.6	26.4	0
Low Birth Weights 1977-80	26	54.6 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	5	10.5 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	20	16.9 % **	20.3 %	38.0 %	5.0 %
Induced Abortions	11	93.2 *	173.9	450.4	0
Women In Need of Family Planning 1979	277	39.0	43.9	69.6	25.7
Births to Women Under 19	10	8.5 %**	12.3%	27.6%	0
School Immunization Levels 1981		90.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	93	14.3	16.4	68.4	4.8
Persons Income Eligible for WIC	239	36.8	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

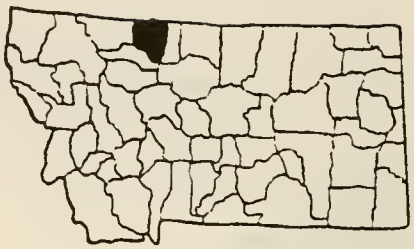
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Neurological	$ 154		
1	Hearing, medical	539		
2	Evaluation at Speciality Clinics	72		
Total: 4			481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

TOOLE COUNTY



Health Personnel

1. Number of Physicians: 2
   Physician Ratio per 10,000 Population: 4.0
   Number of Primary Care Physicians:
   Family/General Practice: 2

2. Active Licensed Nurses: RNs - 27 LPNs - 18
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 3

Medical Facilities and Services

4. Hospitals: Toole County, Shelby
   Number of Beds: 24

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: County Health Department, Shelby

   Services Available:
   *Prenatal Classes (-)
   Immunizations
   High Risk Follow-ups
   Family Planning Counseling[1]
   Home Visits
   School Nursing

*Indicates area of greatest need as noted by community health nurse. In this case, the need was expressed as "early pregnancy case finding, especially in the teenage groups."
(-)Services needed but not rendered.

[1]Outreach services are provided by the family planning program in Cascade County

COUNTY PROFILE

TOOLE COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	5,559				
Population Density	2.9		5.4	53.3	.4
Number of Women 15-45	950	17.0%	20.0%	39.8%	14.8%
Number of Children Under 21	1,714	30.8%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	34.5	6.2	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	2	12.5%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	108.0	19.4	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		111.6*	90.0	185.6	29.9
Infant Deaths 1977-80	3	7.3*	11.6	26.4	0
Low Birth Weights 1977-80	19	46.6*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	1	2.4*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	25	23.5%**	20.3 %	38.0 %	5.0 %
Induced Abortions	13	122.6*	173.9	450.4	0
Women In Need of Family Planning 1979	275	52.8	43.9	69.6	25.7
Births to Women Under 19	15	14.2%**	12.3%	27.6%	0
School Immunization Levels 1981		97.8 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	220	39.5	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

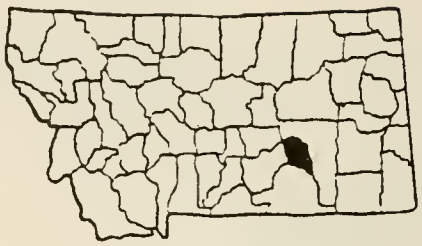
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cystic Fibrosis	$ 191		
TOTAL: 1			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

TREASURE COUNTY



Health Personnel

1. Number of Physicians: None

2. Active Licensed Nurses: RNs - 2
   Community Health Nurse -
   By Referral Only

3. Number of Dental Practices: None

Medical Facilities and Services

4. Hospitals: None

5. Public Clinics: County Health Department

   Services Available:
   Family Planning Counseling[1]
   School Nursing

The public health nurse in the county works on a part-time basis, by special referral only. The areas she covers are preschool and school services. County residents are referred to Forsyth for care.

[1]Outreach services are provided by the family planning program in Custer County

COUNTY PROFILE

ALL DATA FOR 1980 EXCEPT WHERE NOTED

TREASURE COUNTY

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	981				
Population Density	1.0		5.4	53.3	.4
Number of Women 15-45	206	20.9%	20.0%	39.8%	14.8%
Number of Children Under 21	405	41.2%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	2.4	2.4	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	7.1	7.2	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		101.9*	90.0	185.6	29.9
Infant Deaths 1977-80	1	15.6*	11.6	26.4	0
Low Birth Weights 1977-80	3	46.8*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	1	15.6*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	8	38.0% **	20.3%	38.0%	5.0%
Induced Abortions	1	47.6*	173.9	450.4	0
Women In Need of Family Planning 1979	56	50.9	43.9	69.6	25.7
Births to Women Under 19	4	19.0%**	12.3%	27.6%	0
School Immunization Levels 1981		100 %	95.0%	100%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	48	48.9	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

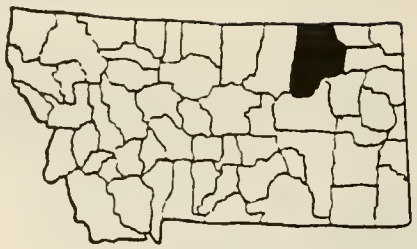
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Evaluation at Speciality Clinic	$ 58		
Total: 1			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

VALLEY COUNTY



Health Personnel

1. Number of Physicians: 8
   Physician Ratio per 10,000 Population: 8.0
   Number of Primary Care Physicians:
   Family/General Practice: 4

2. Active Licensed Nurses: RNs - 54 LPNs - 32
   Community Health Nurse

3. Number of Dental Practices:
   Full-time: 6

Medical Facilities and Services

4. Hospitals: Frances Mahon Deaconess, Glasgow
   Number of Beds: 48

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: County Health Department, Glasgow

   Services Available:
   *Prenatal Classes
   Well Child Clinics
   Immunizations
   WIC - IHS only
   High Risk Follow-ups
   Family Planning Counseling - Individual Basis[1]
   *Home Visits
   School Nursing

   *Indicates areas of greatest need as noted by community health nurse.

   [1]Outreach services are provided by the family planning program in Phillips County.

6. Other Clinics: Indian Health Service at Wolf Point and Poplar in Roosevelt County

COUNTY PROFILE

ALL DATA FOR 1980 EXCEPT WHERE NOTED

VALLEY COUNTY

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	10,250				
Population Density	2.1		5.4	53.3	.4
Number of Women 15-45	2,237	21.8%	20.0%	39.8%	14.8%
Number of Children Under 21	4,229	41.2%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	114.4	11.1	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	7	14.9%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	286.1	27.9	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		85.8*	90.0	185.6	29.9
Infant Deaths 1977-80	12	14.6*	11.6	26.4	0
Low Birth Weights 1977-80	38	46.2*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	9	10.9*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	44	22.9%**	20.3 %	38.0 %	5.0%
Induced Abortions	25	130.2*	173.9	450.4	0
Women In Need of Family Planning 1979	575	50.0	43.9	69.6	25.7
Births to Women Under 19	20	10.4%**	12.3%	27.6%	0
School Immunization Levels 1981		98.4%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	85[1]	8.3	16.4	68.4	4.8
Persons Income Eligible for WIC	522	50.9	40.8	113.3	18.3

[1] number includes WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

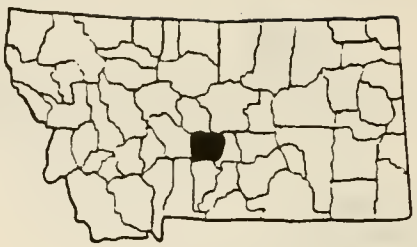
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cystic Fibrosis	$ 10		
1	Neurological	--		
4	Evaluation at Speciality Clinics	116		
1	Cleft lip/palate	1,532		
Total:	7		481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

WHEATLAND COUNTY



Health Personnel

1. Number of Physicians: 3
   Physician Ratio per 10,000 Population: 13.0
   Number of Primary Care Physicians:
   Family/General Practice: 3

2. Active Licensed Nurses: RNs - 13 LPNs - 4

3. Number of Dental Practices:
   Full-time: 1

Medical Facilities and Services

4. Hospitals: Wheatland Memorial, Harlowton
   Number of Beds: 23

   Services Available:
   Maternity Care
   Pediatric Care

5. Public Clinics: None

   Family Planning Counseling[1]

There is no public health nurse in the county. Limited nursing services are available from the Central Montana Health District in Lewistown as requested by the Wheatland County Commissioners.

[1]Outreach services are provided by the family planning program in Fergus County

COUNTY PROFILE

WHEATLAND COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	2,359				
Population Density	1.7		5.4	53.3	.4
Number of Women 15-45	406	17.2%	20.0%	39.8%	14.8%
Number of Children Under 21	623	26.4%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	10.7	4.5	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	0	0%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	56.1	23.7	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		93.6*	90.0	185.6	29.9
Infant Deaths 1977-80	5	26.4*	11.6	26.4	0
Low Birth Weights 1977-80	11	58.2*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	3	15.8*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	11	28.9%**	20.3 %	38.0 %	5.0%
Induced Abortions	3	78.9*	173.9	450.4	0
Women In Need of Family Planning 1979	126	50.4	43.9	69.6	25.7
Births to Women Under 19	2	5.3%**	12.3%	27.6%	0
School Immunization Levels 1981		93.8 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	0	0	16.4	68.4	4.8
Persons Income Eligible for WIC	106	44.9	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

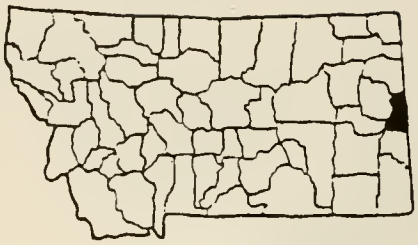
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cleft lip/palate	$1,443		
Total: 1			481	8.6

* rate per 1,000 live births

** percent of live births 1980

MEDICAL SERVICES PROFILE

WIBAUX COUNTY



Health Personnel

1. Number of Physicians: None

2. Active Licensed Nurses: RNs - 5 LPNs - 1
   Community Health Nurse

3. Number of Dental Practices: None

Medical Facilities and Services

4. Hospitals: None

5. Public Clinics: County Health Department, Wibaux

   Services Available:
   - *Well Child Clinics
   - Immunizations
   - WIC - Combined with Dawson County
   - *Family Planning Counseling - As Needed[1]
   - Home Visits
   - School Nursing
   - *Formal Community Education (-)

*Indicates areas of greatest need as noted by community health nurse.
(-)Services needed but not rendered.

[1]Outreach services are provided by the family planning program in Dawson County

COUNTY PROFILE

WIBAUX COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	1,476				
Population Density	1.7		5.4	53.3	.4
Number of Women 15-45	276	18.6%	20.0%	39.8%	14.8%
Number of Children Under 21	483	32.7%	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	7.1	4.8	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	1	33.3%	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	42.7	28.9	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		87.0*	90.0	185.6	29.9
Infant Deaths 1977-80	2	19.8*	11.6	26.4	0
Low Birth Weights 1977-80	4	39.6*	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	3	29.7*	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	4	16.6%**	20.3 %	38.0 %	5.0%
Induced Abortions	2	83.3*	173.9	450.4	0
Women In Need of Family Planning 1979	74	46.2	43.9	69.6	25.7
Births to Women Under 19	6	25.0%**	12.3%	27.6%	0
School Immunization Levels 1981		100.0%	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	Combined	with Dawson	16.4	68.4	4.8
Persons Income Eligible for WIC	51	34.5	40.8	113.3	18.3

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

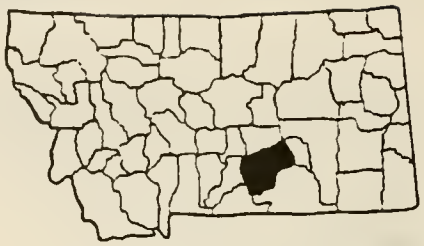
Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cardiac	$ 193		
Total: 1			481	8.6

* rate per 1,000 live births

** percent of live births 1980

M E D I C A L S E R V I C E S P R O F I L E

YELLOWSTONE COUNTY



Health Personnel

1. Number of Physicians: 203
   Physician Ratio per 10,000 Population: 19.0
   Number of Primary Care Physicians:

		Specialists (con't):	
Family/General Practice:	25	Surgery, Cardiovascular	1
Internal Medicine:	24	Surgery, Neurological	7
OB-GYN:	15	Surgery, Orthopedic	13
Pediatrics:	11	Surgery, Plastic	3
Specialists:		Surgery, Urological	5
Cardiovascular Diseases:	3	Urology	2
Maxillofacial Surgery:	1		
ENT:	4		

2. Active Licensed Nurses: RNs - 1,029 LPNs - 380 Community Health Nurse

3. Number of Dental Practices:
   Full-time: 78 Part-time: 2 Split: 4

Medical Facilities and Services

4. Hospitals:

St. Vincent, Billings	Deaconess Hospital, Billings
Number of Beds: 231	Number of Beds: 224

   Services Available:
   - Maternity Care - St. Vincent's Only
   - Pediatric Care - St. Vincent's and Deaconess
   - Premature Nursery - St. Vincent's Only
   - Neonatal ICU - St. Vincent's Only

5. Public Clinics: County Health Department, Billings

   Services Available:

Prenatal Classes	Formal Services for Pregnant Teenagers
Well Child Clinics	VD Screening
Immunizations	High Risk Follow-ups
WIC	Family Planning Counseling - Refer to Clinic
Parenting Classes	Formal Community Education
Home Visits	School Nursing
	*Other: Maternal-Infant Project

*Indicates area of greatest need as noted by community health nurse. In this case, the need was expressed as "lack of prenatal care for low income women."

6. Other Clinics: Planned Parenthood of Billings, Inc.
   Urban Indian Health Center - Billings American Indian Council

COUNTY PROFILE

YELLOWSTONE COUNTY

ALL DATA FOR 1980 EXCEPT WHERE NOTED

	NUMBER	% or RATE Per 1,000 County Pop.	STATE AVERAGE	HIGH COUNTY	LOW COUNTY
POPULATION					
1980 Population	108,035				
Population Density	40.9		5.4	53.3	.4
Number of Women 15-45	23,177	21.4 %	20.0%	39.8%	14.8%
Number of Children Under 21	32,670	30.2 %	30.2%	41.2%	25.2%
LOW INCOME POPULATION					
ADC Recipients, monthly average 1981	791.5	7.3	9.0	22.3	.6
ADC Recipients Under 19, Jan. 1982	57	10.4 %	10.2%	100.0%	0
Medicaid Recipients, monthly average 1981	2310.9	21.3	24.9	38.7	4.8
HEALTH-MEDICAL					
General Fertility Rate		84.7 *	90.0	185.6	29.9
Infant Deaths 1977-80	87	11.4 *	11.6	26.4	0
Low Birth Weights 1977-80	467	61.5 *	58.3	99.2	20.8
Women Receiving No Prenatal Care 1977-80	120	15.8 *	7.7	47.5	0
Women Starting Prenatal Care After the First Trimester	562	28.6 % **	20.3 %	38.0 %	5.0 %
Induced Abortions	488	248.4 *	173.9	450.4	0
Women In Need of Family Planning 1979	4735	44.9	43.9	69.6	25.7
Births to Women Under 19	248	12.6 %**	12.3%	27.6%	0
School Immunization Levels 1981		95.0 %	95.0%	100.0%	76.4%
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)					
Average Number Served Per Month 1981	1174[1]	10.8	16.4	68.4	4.8
Persons Income Eligible for WIC	3910	36.1	40.8	113.3	18.3

[1] numbers include WIC program on Indian Reservation

NUMBER OF CHILDREN RECEIVING SERVICES PAID FOR BY HANDICAPPED CHILDREN'S SERVICES 1981

Patients Served	Cause	Amount Paid	Total State Served	Average Patients Per County
1	Cystic Fibrosis	$ 577		
1	Cardiac	27		
2	Neurological	102		
9	Bone/orthopedic	5,713		
2	Congenital Deformity	10		
9	Cleft lip/palate	3,066		
2	Hearing, Medical	2,739		
2	Other conditions	337		
TOTAL: 28			481	8.6

* rate per 1,000 live births

** percent of live births 1980

TABLE 1 MONTANA POPULATION 1980

County	Total Population	# of Women of Childbearing Age (15-44)	%	# of Children Under 21	%
BEAVERHEAD	8,186	1,670	20.0	2,345	28.6
BIG HORN	11,096	2,215	19.9	3,725	33.5
BLAINE	6,999	1,294	18.4	2,569	36.7
BROADWATER	3,267	1,302	39.8	1,123	34.3
CARBON	8,099	1,312	16.1	2,373	29.2
CARTER	1,799	276	15.3	518	28.7
CASCADE	80,696	17,630	21.8	26,074	32.3
CHOUTEAU	6,092	1,197	19.6	2,105	34.5
CUSTER	13,109	2,497	19.0	4,130	31.5
DANIELS	2,835	518	18.2	908	32.0
DAWSON	11,805	2,315	19.6	3,702	31.3
DEER LODGE	12,581	2,226	17.6	4,100	32.5
FALLON	3,763	764	20.3	1,183	31.4
FERGUS	13,076	2,491	19.0	3,860	29.5
FLATHEAD	51,966	9,980	19.2	15,544	29.9
GALLATIN	42,865	9,849	22.9	10,835	25.2
GARFIELD	1,656	277	16.7	497	30.0
GLACIER	10,628	2,231	20.9	4,166	39.1
GOLDEN VALLEY	1,026	195	19.0	283	27.5
GRANITE	2,700	486	18.0	740	27.4
HILL	17,985	3,762	20.9	6,003	33.3
JEFFERSON	7,029	1,642	23.3	2,454	34.9
JUDITH BASIN	2,646	462	17.4	810	30.6
LAKE	19,056	3,139	16.4	5,922	31.0
LEWIS AND CLARK	43,039	8,637	20.0	12,418	28.8
LIBERTY	2,329	500	21.4	830	35.6
LINCOLN	17,752	3,622	20.4	5,445	30.6
MCCONE	2,702	491	18.1	869	32.1
MADISON	5,448	990	18.1	1,499	27.5
MEAGHER	2,154	385	17.8	655	30.8
MINERAL	3,675	724	19.7	1,316	35.8
MISSOULA	76,016	15,885	20.8	19,547	25.7
MUSSELSHELL	4,428	712	16.0	1,397	31.5
PARK	12,660	2,422	19.1	3,472	27.4
PETROLEUM	655	97	14.8	254	38.7
PHILLIPS	5,367	975	18.1	1,621	30.2
PONDERA	6,731	1,305	19.3	2,285	33.9
POWDER RIVER	2,520	528	20.9	809	32.1
POWELL	6,958	1,352	19.4	2,022	29.0
PRAIRIE	1,836	336	18.3	501	27.2
RAVALLI	22,493	3,883	17.2	6,195	27.5
RICHLAND	12,243	2,115	17.2	3,619	29.5
ROOSEVELT	10,467	2,019	19.2	3,745	35.7
ROSEBUD	9,899	1,820	18.3	3,643	36.8
SANDERS	8,675	1,633	18.8	2,655	30.6
SHERIDAN	5,414	915	16.9	1,619	29.9
SILVER BOW	38,092	6,833	17.9	10,953	28.7
STILLWATER	5,598	1,052	18.7	1,555	27.7
SWEET GRASS	3,216	529	16.4	757	23.5
TETON	6,491	1,168	17.9	2,029	31.2
TOOLE	5,559	950	17.0	1,714	30.8
TREASURE	981	206	20.9	405	41.2
VALLEY	10,250	2,237	21.8	4,229	41.2
WHEATLAND	2,359	406	17.2	623	26.4
WIBAUX	1,476	276	18.6	483	32.7
YELLOWSTONE	108,035	23,177	21.4	32,670	30.2
TOTAL STATE	786,478	157,910	20.0	237,813	30.2

TABLE 2 AID TO DEPENDENT CHILDREN RECIPIENTS - STATE FISCAL YEAR 1981

County	Average ADC Cases Not Unduplicated	Rate Per 1,000 Pop.	ADC Recipients Under 19	Percent of Total Caseload
BEAVERHEAD	56.3	6.9	3	7.1
BIG HORN	171.5	15.4	7	13.2
BLAINE	125.6	17.9	11	11.1
BROADWATER	16.6	5.1	1	7.7
CARBON	48.6	6.0	1	3.0
CARTER	5.2	2.9	0	0
CASCADE	838.7	10.4	67	12.0
CHOUTEAU	16.9	2.8	2	15.4
CUSTER	98.2	7.5	3	7.7
DANIELS	6.6	2.3	0	0
DAWSON	30.2	2.6	4	19.0
DEER LODGE	138.9	11.0	10	9.6
FALLON	20.3	5.4	1	12.5
FERGUS	82.1	6.3	7	17.1
FLATHEAD	384.5	7.4	20	7.1
GALLATIN	166.3	3.9	6	5.8
GARFIELD	4.1	2.5	0	0
GLACIER	292.7	27.5	25	12.1
GOLDEN VALLEY	1.2	1.2	0	0
GRANITE	23.5	8.7	1	4.3
HILL	198.8	11.0	13	9.6
JEFFERSON	47.7	6.8	7	21.2
JUDITH BASIN	12.6	4.8	1	12.5
LAKE	237.9	12.5	7	5.9
LEWIS AND CLARK	420.2	9.8	22	10.0
LIBERTY	4.8	2.1	0	0
LINCOLN	247.0	13.9	13	8.8
MADISON	18.4	3.4	1	12.5
MCCONE	1.4	.64	0	0
MEAGHER	14.1	6.5	1	14.3
MINERAL	46.1	12.5	1	3.3
MISSOULA	852.4	11.2	37	7.9
MUSSELSHELL	30.6	6.9	1	5.3
PARK	76.9	6.1	7	12.3
PETROLEUM	3.6	5.5	0	0
PHILLIPS	32.8	6.1	3	13.6
PONDERA	82.3	12.2	6	13.0
POWDER RIVER	5.1	2.0	1	100.0
POWELL	65.8	9.5	3	5.7
PRAIRIE	4.3	2.3	0	0
RAVALLI	194.8	8.6	11	10.9
RICHLAND	49.2	4.0	4	13.8
ROOSEVELT	234.2	22.3	14	16.5
ROSEBUD	119.3	12.1	2	13.3
SANDERS	56.7	6.5	5	16.7
SHERIDAN	22.5	4.1	3	42.9
SILVER BOW	427.5	11.2	32	10.2
STILLWATER	28.4	5.1	0	0
SWEET GRASS	4.2	1.3	0	0
TETON	30.6	4.7	2	10.0
TOOLE	34.5	6.2	2	12.5
TREASURE	2.4	2.4	0	0
VALLEY	114.4	11.1	7	14.9
WHEATLAND	10.7	4.5	0	0
WIBAUX	7.1	4.8	1	33.3
YELLOWSTONE	791.5	7.3	57	10.4
STATE TOTAL	7,084.8	9.0	433	10.2

TABLE 3 MEDICAID RECIPIENTS, STATE FISCAL YEAR 1981

County	Average Medicaid Cases Per Month	Rate Per 1,000 Population
BEAVERHEAD	196.6	24.0
BIG HORN	184.6	16.6
BLAINE	177.2	25.3
BROADWATER	62.6	19.1
CARBON	213.5	26.3
CARTER	16.5	9.1
CASCADE	2,357.2	29.2
CHOUTEAU	89.1	14.6
CUSTER	373.1	28.4
DANIELS	41.5	14.6
DAWSON	167.0	14.1
DEER LODGE	396.4	31.6
FALLON	57.9	15.3
FERGUS	387.7	29.6
FLATHEAD	1,162.3	22.3
GALLATIN	538.5	12.5
GARFIELD	13.4	8.0
GLACIER	224.6	21.1
GOLDEN VALLEY	7.0	6.8
GRANITE	63.3	23.4
HILL	394.0	21.9
JEFFERSON	177.8	25.2
JUDITH BASIN	39.3	14.8
LAKE	692.5	36.3
LEWIS AND CLARK	1,255.0	28.4
LIBERTY	29.5	12.6
LINCOLN	595.8	33.5
MCCONE	19.7	7.2
MADISON	94.0	17.5
MEAGHER	60.6	28.1
MINERAL	96.4	26.2
MISSOULA	2,027.6	26.6
MUSSELSHELL	120.8	27.2
PARK	324.0	25.5
PETROLEUM	3.2	4.8
PHILLIPS	123.5	23.0
PONDERA	144.4	21.4
POWDER RIVER	25.6	10.1
POWELL	176.6	25.3
PRAIRIE	24.8	13.5
RAVALLI	635.7	28.2
RICHLAND	170.9	13.9
ROOSEVELT	292.0	27.8
ROSEBUD	120.1	12.1
SANDERS	230.1	26.5
SHERIDAN	74.6	13.7
SILVER BOW	1,474.8	38.7
STILLWATER	124.7	22.2
SWEET GRASS	44.3	13.7
TETON	134.5	20.7
TOOLE	108.0	19.4
TREASURE	7.1	7.2
VALLEY	286.1	27.9
WHEATLAND	56.1	23.7
WIBAUX	42.7	28.9
YELLOWSTONE	2,310.9	21.3
STATE TOTAL INCLUDING INSTITUTIONS & NO CO BREAKDOWN	19,709.1	24.9

TABLE 4 LOW BIRTH WEIGHTS AND INFANT DEATHS

County	Total Births 1977-80	# Low Birth Weights 1977-80	Rate Per 1,000 Live Births	# Infant Deaths 1977-80	Rate Per 1,000 Live Births
BEAVERHEAD	600	29	48.3	8	13.3
BIG HORN	1,070	71	66.3	18	16.8
BLAINE	595	40	67.2	10	16.8
BROADWATER	213	14	65.7	4	18.7
CARBON	535	27	50.4	8	14.9
CARTER	87	5	57.4	-	0
CASCADE	6,097	452	74.1	69	11.3
CHOUTEAU	395	27	68.3	8	20.2
CUSTER	914	36	39.3	8	8.7
DANIELS	199	8	40.2	1	5.0
DAWSON	877	30	34.2	8	9.1
DEER LODGE	664	48	72.2	7	10.5
FALLON	293	18	61.4	3	10.2
FERGUS	832	35	42.0	6	7.2
FLATHEAD	3,476	195	56.0	44	12.6
GALLATIN	2,645	148	55.9	24	9.0
GARFIELD	141	10	70.9	1	7.0
GLACIER	1,157	72	62.2	21	18.1
GOLDEN VALLEY	58	5	86.2	1	17.2
GRANITE	156	13	83.3	3	19.2
HILL	1,437	72	50.1	12	8.3
JEFFERSON	465	31	66.6	10	21.5
JUDITH BASIN	126	6	47.6	0	0
LAKE	1,374	80	58.2	17	12.3
LEWIS AND CLARK	2,900	159	54.8	22	7.5
LIBERTY	200	10	50.0	0	0
LINCOLN	1,305	62	47.5	10	7.6
MCCONE	201	9	44.7	2	9.9
MADISON	323	24	74.3	2	6.1
MEAGHER	131	13	99.2	3	22.9
MINERAL	299	13	43.4	3	10.0
MISSOULA	4,974	313	62.9	58	11.6
MUSSELSHELL	303	9	29.7	2	6.6
PARK	796	43	54.0	7	8.7
PETROLEUM	48	1	20.8	0	0
PHILLIPS	402	23	57.2	5	12.4
PONDERA	512	32	62.5	8	15.6
POWDER RIVER	190	10	52.6	2	10.5
POWELL	430	27	62.7	3	6.9
PRAIRIE	106	7	66.0	0	0
RAVALLI	1,255	70	55.7	14	11.1
RICHLAND	1,011	53	52.4	14	13.8
ROOSEVELT	941	38	40.3	13	13.8
ROSEBUD	888	52	58.5	14	15.7
SANDERS	608	34	55.9	6	9.8
SHERIDAN	382	16	41.8	4	10.4
SILVER BOW	2,314	165	71.3	35	15.1
STILLWATER	341	16	46.9	4	11.7
SWEET GRASS	205	15	73.1	2	9.7
TETON	476	26	54.6	7	14.7
TOOLE	407	19	46.6	3	7.3
TREASURE	64	3	46.8	1	15.6
VALLEY	821	38	46.2	12	14.6
WHEATLAND	189	11	58.2	5	26.4
WIBAUX	101	4	39.6	2	19.8
YELLOWSTONE	7,586	467	61.5	87	11.4
TOTAL	55,114	3,214	58.3	641	11.6

TABLE 5 PRENATAL CARE

County	# of Women Receiving No Prenatal Care 1977-80	Rate Per 1,000 Live Births	# of Women Starting Prenatal Care After 1st Trimester 1980	Percent of Live Births 1980
BEAVERHEAD	2	3.3	23	15.4
BIG HORN	39	36.4	102	35.5
BLAINE	5	8.4	51	33.1
BROADWATER	-	-	7	17.9
CARBON	5	9.3	27	19.5
CARTER	2	22.9	2	8.0
CASCADE	31	5.1	199	13.0
CHOUTEAU	-	-	20	20.2
CUSTER	2	2.1	55	23.9
DANIELS	-	-	7	17.0
DAWSON	2	2.2	43	19.0
DEER LODGE	3	4.5	33	21.2
FALLON	1	3.4	18	22.2
FERGUS	1	1.2	29	14.2
FLATHEAD	9	2.5	142	15.2
GALLATIN	15	5.6	98	14.2
GARFIELD	-	-	6	20.0
GLACIER	55	47.5	103	33.9
GOLDEN VALLEY	-	-	6	33.3
GRANITE	2	12.8	8	28.5
HILL	10	6.9	71	18.1
JEFFERSON	5	10.7	8	5.0
JUDITH BASIN	-	-	7	21.8
LAKE	7	5.0	67	18.6
LEWIS AND CLARK	7	2.4	100	13.6
LIBERTY	1	5.0	6	10.5
LINCOLN	7	5.3	79	23.2
MCCONE	-	-	16	19.7
MADISON	-	-	5	14.7
MEAGHER	6	45.8	8	27.5
MINERAL	1	3.3	21	28.0
MISSOULA	15	3.0	222	16.0
MUSSELSHELL	2	6.6	20	26.3
PARK	7	8.7	43	20.0
PETROLEUM	-	-	4	22.2
PHILLIPS	3	7.4	12	11.5
PONDERA	5	9.7	33	25.1
POWDER RIVER	1	5.2	11	22.9
POWELL	2	4.6	15	14.7
PRAIRIE	-	-	1	5.0
RAVALLI	10	7.9	59	17.2
RICHLAND	11	10.8	84	28.4
ROOSEVELT	15	15.9	52	22.0
ROSEBUD	19	21.3	54	25.4
SANDERS	5	8.2	32	25.0
SHERIDAN	1	2.6	10	9.7
SILVER BOW	20	8.6	109	18.6
STILLWATER	3	8.7	16	19.2
SWEET GRASS	-	-	13	24.0
TETON	5	10.5	20	16.9
TOOLE	1	2.4	25	23.5
TREASURE	1	15.6	8	38.0
VALLEY	9	10.9	44	22.9
WHEATLAND	3	15.8	11	28.9
WIBAUX	3	29.7	4	16.6
YELLOWSTONE	120	15.8	562	28.6
TOTAL	424	7.69	2,831	20.3

TABLE 6 GENERAL FERTILITY RATE 1980

County	General Fertility Rate
BEAVERHEAD	89.2
BIG HORN	129.6
BLAINE	119.0
BROADWATER	29.9
CARBON	105.2
CARTER	90.5
CASCADE	86.2
CHOUTEAU	82.7
CUSTER	92.1
DANIELS	79.2
DAWSON	97.6
DEER LODGE	69.6
FALLON	106.0
FERGUS	81.9
FLATHEAD	93.3
GALLATIN	69.7
GARFIELD	108.3
GLACIER	135.8
GOLDEN VALLEY	92.3
GRANITE	57.6
HILL	103.9
JEFFERSON	81.6
JUDITH BASIN	69.3
LAKE	114.7
LEWIS AND CLARK	84.6
LIBERTY	114.0
LINCOLN	93.9
MCCONE	69.2
MADISON	81.8
MEAGHER	75.3
MINERAL	103.6
MISSOULA	87.2
MUSSELSHELL	106.7
PARK	88.8
PETROLEUM	185.6
PHILLIPS	106.7
PONDERA	100.4
POWDER RIVER	90.9
POWELL	75.4
PRAIRIE	50.6
RAVALLI	88.3
RICHLAND	139.5
ROOSEVELT	116.9
ROSEBUD	116.5
SANDERS	78.4
SHERIDAN	112.6
SILVER BOW	85.6
STILLWATER	78.9
SWEET GRASS	102.1
TETON	101.0
TOOLE	111.6
TREASURE	101.9
VALLEY	85.8
WHEATLAND	93.6
WIBAUX	87.0
YELLOWSTONE	84.7
STATE AVERAGE	90.0

TABLE 7 INDUCED ABORTIONS 1980

County	Number of Induced Abortions	Rate Per 1,000 Live Births
BEAVERHEAD	29	194.6
BIG HORN	38	132.4
BLAINE	25	162.3
BROADWATER	5	128.2
CARBON	10	72.4
CARTER	-	-
CASCADE	359	236.0
CHOUTEAU	11	111.1
CUSTER	19	82.6
DANIELS	7	170.7
DAWSON	18	79.6
DEER LODGE	25	161.2
FALLON	1	12.3
FERGUS	43	210.7
FLATHEAD	301	322.9
GALLATIN	309	450.4
GARFIELD	2	66.6
GLACIER	63	207.9
GOLDEN VALLEY	3	166.6
GRANITE	9	321.4
HILL	56	143.2
JEFFERSON	20	149.2
JUDITH BASIN	7	218.7
LAKE	67	186.1
LEWIS AND CLARK	191	261.2
LIBERTY	5	87.7
LINCOLN	43	126.4
MCCONE	2	58.8
MADISON	7	86.4
MEAGHER	6	206.8
MINERAL	14	186.6
MISSOULA	601	433.9
MUSSELSHELL	12	157.8
PARK	50	232.5
PETROLEUM	-	-
PHILLIPS	9	86.5
PONDERA	19	145.0
POWDER RIVER	1	20.8
POWELL	22	215.6
PRAIRIE	1	58.8
RAVALLI	58	169.0
RICHLAND	37	125.4
ROOSEVELT	36	152.5
ROSEBUD	21	99.0
SANDERS	16	125.0
SHERIDAN	9	87.3
SILVER BOW	111	190.0
STILLWATER	7	84.3
SWEET GRASS	7	205.8
TETON	11	93.2
TOOLE	13	122.6
TREASURE	1	47.6
VALLEY	25	130.2
WHEATLAND	3	78.9
WIBAUX	2	83.3
YELLOWSTONE	488	248.4
TOTAL	3,471	173.9

TABLE 8 FAMILY PLANNING NEEDS 1979

County	Women In Need Of Family Planning Services	Rate Per 1,000 County Population
BEAVERHEAD	446	53.0
BIG HORN	286	25.7
BLAINE	384	51.8
BROADWATER	165	48.5
CARBON	366	43.0
CARTER	84	49.4
CASCADE	4,178	50.0
CHOUTEAU	301	45.6
CUSTER	581	44.0
DANIELS	156	50.3
DAWSON	545	47.8
DEER LODGE	607	46.3
FALLON	216	55.3
FERGUS	676	47.6
FLATHEAD	2,179	42.6
GALLATIN	1,676	40.7
GARFIELD	82	51.2
GLACIER	400	34.4
GOLDEN VALLEY	34	30.9
GRANITE	176	62.8
HILL	822	45.1
JEFFERSON	295	37.3
JUDITH BASIN	149	53.2
LAKE	628	34.3
LEWIS AND CLARK	1,513	36.1
LIBERTY	104	41.6
LINCOLN	923	52.1
MCCONE	151	53.9
MADISON	272	46.0
MEAGHER	111	48.2
MINERAL	151	40.8
MISSOULA	3,001	43.3
MUSSELSHELL	199	43.2
PARK	602	44.9
PETROLEUM	25	41.6
PHILLIPS	329	59.8
PONDERA	331	46.6
POWDER RIVER	174	69.6
POWELL	303	39.8
PRAIRIE	87	45.7
RAVALLI	832	37.3
RICHLAND	542	48.3
ROOSEVELT	332	31.0
ROSEBUD	278	28.6
SANDERS	366	39.7
SHERIDAN	291	54.9
SILVER BOW	1,621	42.2
STILLWATER	261	42.0
SWEET GRASS	155	46.9
TETON	277	39.0
TOOLE	275	52.8
TREASURE	56	50.9
VALLEY	575	50.0
WHEATLAND	126	50.4
WIBAUX	74	46.2
YELLOWSTONE	4,735	44.9
TOTAL	34,504	43.9

TABLE 9 BIRTHS TO WOMEN UNDER 19 - 1980

County	# of Births to Women Under 19	Percent of Live Births - 1980
BEAVERHEAD	28	18.8
BIG HORN	53	18.5
BLAINE	36	23.4
BROADWATER	7	17.9
CARBON	9	6.5
CARTER	3	12.0
CASCADE	196	12.9
CHOUTEAU	10	10.1
CUSTER	31	13.5
DANIELS	7	17.0
DAWSON	38	16.8
DEER LODGE	29	18.7
FALLON	6	7.4
FERGUS	30	14.7
FLATHEAD	103	11.1
GALLATIN	51	7.4
GARFIELD	3	10.0
GLACIER	65	21.5
GOLDEN VALLEY	-	0
GRANITE	7	25.0
HILL	38	9.7
JEFFERSON	10	7.4
JUDITH BASIN	1	3.1
LAKE	42	11.7
LEWIS AND CLARK	93	12.7
LIBERTY	-	0
LINCOLN	48	14.1
MCCONE	3	8.8
MADISON	10	12.3
MEAGHER	8	27.6
MINERAL	9	12.0
MISSOULA	124	8.9
MUSSELSHELL	9	11.8
PARK	29	13.5
PETROLEUM	3	16.7
PHILLIPS	12	11.5
PONDERA	6	12.2
POWDER RIVER	2	4.2
POWELL	11	10.8
PRAIRIE	2	11.8
RAVALLI	46	13.4
RICHLAND	34	11.5
ROOSEVELT	46	19.5
ROSEBUD	22	10.4
SANDERS	14	10.9
SHERIDAN	12	11.7
SILVER BOW	84	14.4
STILLWATER	7	8.4
SWEET GRASS	4	7.4
TETON	10	8.5
TOOLE	15	14.2
TREASURE	4	19.0
VALLEY	20	10.4
WHEATLAND	2	5.3
WIBAUX	6	25.0
YELLOWSTONE	248	12.6
TOTAL	1,756	12.3

TABLE 10 IMMUNIZATION LEVELS OF SCHOOL ENTERERS
1980-81 SCHOOL YEAR

County	Percent of Children Fully Immunized
BEAVERHEAD	95.6
BIG HORN	97.6
BLAINE	97.0
BROADWATER	92.4
CARBON	95.6
CARTER	100.0
CASCADE	94.0
CHOUTEAU	98.8
CUSTER	95.0
DANIELS	98.0
DAWSON	95.8
DEER LODGE	98.0
FALLON	97.0
FERGUS	98.2
FLATHEAD	94.8
GALLATIN	82.6
GARFIELD	94.0
GLACIER	94.8
GOLDEN VALLEY	91.2
GRANITE	100.0
HILL	98.0
JEFFERSON	92.0
JUDITH BASIN	91.2
LAKE	91.0
LEWIS AND CLARK	92.6
LIBERTY	97.6
LINCOLN	94.6
MCCONE	98.4
MADISON	100.0
MEAGHER	97.4
MINERAL	96.8
MISSOULA	96.6
MUSSELSHELL	96.8
PARK	94.2
PETROLEUM	100.0
PHILLIPS	76.4
PONDERA	97.6
POWDER RIVER	97.6
POWELL	97.6
PRAIRIE	99.4
RAVALLI	94.2
RICHLAND	96.2
ROOSEVELT	94.2
ROSEBUD	92.0
SANDERS	90.6
SHERIDAN	98.8
SILVER BOW	96.2
STILLWATER	94.4
SWEET GRASS	98.2
TETON	90.0
TOOLE	97.8
TREASURE	100.0
VALLEY	98.4
WHEATLAND	93.8
WIBAUX	100.0
YELLOWSTONE	95.8
TOTALS	95.0

TABLE 11 SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

County	Average Number Served Per Month 1981	Rate Per 1,000 County Population	Persons Income Eligible for WIC	Rate Per 1,000 County Population
BEAVERHEAD	63	7.6	322	39.3
BIG HORN	759	68.4	1,258	113.3
BLAINE	330	47.1	489	69.8
BROADWATER	58	17.7	120	18.3
CARBON	-	-	266	32.8
CARTER	-	-	56	31.1
CASCADE	1,226	15.1	3,689	45.7
CHOUTEAU	113	18.5	245	40.2
CUSTER	231	17.6	516	39.3
DANIELS	-	-	120	42.3
DAWSON	106	9.0	466	39.4
DEER LODGE	214	17.0	462	36.7
FALLON	-	-	159	42.2
FERGUS	-	-	421	32.1
FLATHEAD	667	12.8	669	32.1
GALLATIN	517	12.1	1,323	30.8
GARFIELD	10	16.5	80	48.3
GLACIER	648	60.9	1,078	101.4
GOLDEN VALLEY	-	-	32	31.1
GRANITE	27	10.0	99	36.6
HILL	502	27.9	936	52.0
JEFFERSON	98	13.9	225	32.0
JUDITH BASIN	-	-	76	28.7
LAKE	688	36.1	1,406	73.7
LEWIS AND CLARK	783	18.1	1,406	32.6
LIBERTY	-	-	99	42.5
LINCOLN	245	13.8	694	39.0
MCCONE	17	6.3	130	48.1
MADISON	-	-	161	29.5
MEAGHER	-	-	88	40.8
MINERAL	100	27.2	154	41.9
MISSOULA	1,417	18.6	2,512	33.0
MUSSELSHELL	-	-	162	36.5
PARK	139	10.9	407	32.1
PETROLEUM	-	-	28	42.7
PHILLIPS	26*	4.8	212	39.5
PONDERA	120	17.8	338	48.7
POWDER RIVER	15	5.9	119	47.2
POWELL	125	18.0	259	37.2
PRAIRIE	10	5.4	69	37.5
RAVALLI	533	23.6	589	26.1
RICHLAND	112	9.1	477	38.9
ROOSEVELT	563*	53.9	861	82.2
ROSEBUD	260	26.2	593	59.9
SANDERS	206	23.7	698	45.8
SHERIDAN	-	-	185	34.1
SILVER BOW	630	16.5	1,414	36.1
STILLWATER	71	12.7	169	30.1
SWEET GRASS	-	-	101	31.4
TETON	93	14.3	239	36.8
TOOLE	-	-	220	39.5
TREASURE	-	-	48	48.9
VALLEY	85	8.3	522	50.9
WHEATLAND	-	-	106	44.9
WIBAUX	Combined with Dawson		51	34.5
YELLOWSTONE	1,174	10.8	3,910	36.1
TOTAL	12,986	16.4	32,234	40.8

*Reflects program on Indian Reservation only.

TABLE 12 ACCIDENTAL DEATHS - 1979-80

County	Total Deaths All Ages	Total Deaths Under 19 Years	Total Deaths Under 14 Years
BEAVERHEAD	11	3	-
BIG HORN	30	11	4
BLAINE	14	5	1
BROADWATER	2	-	-
CARBON	10	4	3
CARTER	6	2	2
CASCADE	107	19	9
CHOUTEAU	8	2	1
CUSTER	16	4	2
DANIELS	7	3	1
DAWSON	18	7	2
DEER LODGE	17	2	-
FALLON	7	2	-
FERGUS	30	3	-
FLATHEAD	78	19	3
GALLATIN	34	10	3
GARFIELD	4	-	-
GLACIER	46	16	4
GOLDEN VALLEY	3	2	2
GRANITE	6	1	1
HILL	25	9	3
JEFFERSON	11	-	-
JUDITH BASIN	-	-	-
LAKE	33	11	5
LEWIS AND CLARK	66	15	7
LIBERTY	3	-	-
LINCOLN	17	6	2
MCCONE	1	-	-
MADISON	16	2	-
MEAGHER	6	1	-
MINERAL	13	1	-
MISSOULA	104	24	11
MUSSELSHELL	8	3	2
PARK	15	5	1
PETROLEUM	-	-	-
PHILLIPS	7	-	1
PONDERA	10	5	3
POWDER RIVER	2	-	-
POWELL	12	1	1
PRAIRIE	-	-	-
RAVALLI	34	7	5
RICHLAND	23	6	3
ROOSEVELT	23	7	4
ROSEBUD	25	6	3
SANDERS	17	5	2
SHERIDAN	12	3	1
SILVER BOW	74	14	5
STILLWATER	10	3	2
SWEET GRASS	3	1	-
TETON	15	4	-
TOOLE	4	1	-
TREASURE	1	-	-
VALLEY	19	5	2
WHEATLAND	1	1	1
WIBAUX	3	1	1
YELLOWSTONE	99	16	7
STATE TOTAL	1,166	278	110

TABLE 13 DEATHS BY MOTOR VEHICLE ACCIDENTS - 1979-80

County	Total Deaths All Accidents	Total Deaths Under 19 Years	Total Deaths Under 14 Years
BEAVERHEAD	6	3	-
BIG HORN	22	8	1
BLAINE	6	4	-
BROADWATER	1	-	-
CARBON	6	2	1
CARTER	1	-	-
CASCADE	57	13	4
CHOUTEAU	2	-	-
CUSTER	7	2	-
DANIELS	6	3	1
DAWSON	8	5	1
DEER LODGE	7	1	1
FALLON	4	2	1
FERGUS	16	2	-
FLATHEAD	42	12	2
GALLATIN	17	6	1
GARFIELD	2	-	-
GLACIER	32	13	1
GOLDEN VALLEY	1	-	-
GRANITE	2	-	-
HILL	17	8	2
JEFFERSON	6	-	-
JUDITH BASIN	-	-	-
LAKE	24	9	4
LEWIS AND CLARK	37	11	3
LIBERTY	1	-	-
LINCOLN	6	3	1
MCCONE	1	-	-
MADISON	12	2	-
MEAGHER	5	-	-
MINERAL	6	-	-
MISSOULA	50	10	2
MUSSELSHELL	6	2	1
PARK	9	4	1
PETROLEUM	-	-	-
PHILLIPS	5	2	1
PONDERA	9	4	2
POWDER RIVER	1	-	-
POWELL	10	1	1
PRAIRIE	-	-	-
RAVALLI	13	3	2
RICHLAND	14	3	-
ROOSEVELT	9	2	1
ROSEBUD	14	4	1
SANDERS	9	2	1
SHERIDAN	5	2	-
SILVER BOW	23	7	1
STILLWATER	7	2	1
SWEET GRASS	1	-	-
TETON	5	1	-
TOOLE	1	1	-
TREASURE	-	-	-
VALLEY	9	3	1
WHEATLAND	-	-	-
WIBAUX	1	-	-
YELLOWSTONE	62	12	3
STATE TOTAL	624	175	41

TABLE 14 MEDICAL PERSONNEL

County	Number of Physicians	Rate of Physicians Per 10,000 Population	Dentists			Nurses		
			FT	PT	Split	RNs	LPNs	CHN
BEAVERHEAD	9	11.0	5	1	-	28	21	x
BIG HORN	5	5.0	2	1	1	41	18	x
BLAINE	2	3.0	3	-	-	37	19	x
BROADWATER	2	6.0	2	1	-	24	9	x
CARBON	6	7.0	3	-	-	58	18	x
CARTER	2	11.0	-	-	-	13	7	-
CASCADE	132	16.0	53	1	5	731	263	x
CHOUTEAU	2	3.0	2	-	-	43	18	x
CUSTER	19	14.0	6	-	-	196	40	x
DANIELS	2	7.0	1	-	-	13	10	x
DAWSON	6	5.0	7	-	-	64	23	x
DEER LODGE	16	13.0	8	-	1	134	11	- *
FALLON	3	8.0	3	-	-	22	12	x
FERGUS	17	13.0	7	-	-	118	47	x
FLATHEAD	83	16.0	37	-	4	380	128	x
GALLATIN	67	16.0	32	-	5	319	105	x
GARFIELD	1	6.0	-	-	-	8	2	x
GLACIER	7	7.0	4	-	-	73	26	x
GOLDEN VALLEY	-	-	-	-	-	2	1	Fergus
GRANITE	1	4.0	-	-	2	21	5	x
HILL	23	13.0	9	1	-	169	95	x
JEFFERSON	5	7.0	-	1	3	55	46	x
JUDITH BASIN	-	-	-	-	-	10	2	Fergus
LAKE	18	9.0	8	-	1	125	50	x
LEWIS AND CLARK	75	17.0	25	5	-	397	178	x
LIBERTY	3	9.0	1	-	-	11	8	-
LINCOLN	12	7.0	9	1	1	67	27	x
MCCONE	1	4.0	1	-	-	22	7	x
MADISON	4	7.0	2	-	-	45	16	-
MEAGHER	2	5.0	-	-	-	18	6	-
MINERAL	5	14.0	1	-	-	20	4	x
MISSOULA	166	22.0	56	-	8	636	268	x
MUSSELSHELL	2	5.0	1	-	1	18	6	Fergus
PARK	15	12.0	7	-	1	97	39	x
PETROLEUM	-	-	-	-	-	-	2	Fergus
PHILLIPS	4	7.0	2	-	-	28	14	x
PONDERA	5	7.0	3	-	-	46	32	x
POWDER RIVER	1	4.0	-	-	1	15	3	x
POWELL	8	11.0	4	-	1	49	30	- *
PRAIRIE	1	5.0	-	-	-	16	4	x
RAVALLI	13	6.0	10	2	2	128	60	x
RICHLAND	11	9.0	6	-	-	71	36	x
ROOSEVELT	9	9.0	2	-	1	70	44	x
ROSEBUD	7	7.0	5	-	-	48	28	x
SANDERS	5	6.0	3	-	-	49	19	x
SHERIDAN	3	5.0	2	-	-	53	14	x
SILVER BOW	56	15.0	28	-	5	390	226	x
STILLWATER	3	5.0	3	-	1	25	21	x
SWEET GRASS	3	9.0	1	-	-	21	12	- *
TETON	5	8.0	2	-	-	55	13	x
TOOLE	2	4.0	3	-	-	27	18	x
TREASURE	-	-	-	-	-	2	-	referral only
VALLEY	8	8.0	6	-	-	54	32	x
WHEATLAND	3	13.0	1	-	-	13	4	Fergus
WIBAUX	-	-	-	-	-	5	1	x
YELLOWSTONE	203	19.0	78	2	4	1,029	380	x

*Indicates presence of school nurse in counties without a designated community health nurse.

CHAPTER IX

INFORMATION FROM THE MONTANA GOVERNOR'S WHITE HOUSE CONFERENCE ON CHILDREN AND YOUTH

In December of 1981, the Montana Governor's White House Conference on Children and Youth was held in Helena, Montana. Prior to the conference, delegates were asked to distribute questionnaires in their communities for a survey to determine the needs of children and youth. Those who filled out the questionnaires included businessmen, leaders in the community, teachers, and teenagers. Over 1,000 people answered 65 questions to indicate their perception of the needs of children and youth in their particular community.

Originally it was hoped that the results of this survey would be incorporated into the two surveys specifically conducted for the needs assessment. However, the data arrived too late to be included in the analysis presented in Chapter III.

Of the 65 questions asked, 21 had a direct correlation with the concerns raised in the needs assessment. The results of these specific questions follow.

A complete and voluminous printout of the total survey results is available for anyone interested in more information on this survey. Contact: Dr. Vernon Goller, Maternal and Child Health, Department of Health and Environmental Sciences, Cogswell Building, Helena, Montana 59620, (406) 449-4740 or Dr. Joye Kohl, Herrick Building, Montana State University, Bozeman, Montana 59717 (406) 994-3241.

Extent to Which A Sample of Montana Residents View Selected Children and Youth Issues as Problems In Their Community; 1981 (Stated in Percentages)

ITEM	Extent of Problem	Total	Age					Ethnic Group		Sex	
			18 & Under	19-30	31-45	45-60	61+	White	Native American	Male	Female
Lack of services for pre-school handicapped children	Major	16.4	14.9	25.4	15.2	12.9	20.8	15.7	30.9	13.2	18.7
	Minor	271.	22.2	26.6	28.5	30.2	29.2	27.0	27.3	30.0	25.3
	No Problem	23.9	17.7	13.0	28.7	31.2	16.7	24.2	12.7	24.8	23.1
	Don't Know	32.6	45.2	34.9	27.6	25.7	33.3	33.1	29.1	32.1	33.0
Lack of services for school age handicapped children	Major	13.6	12.9	22.5	11.0	11.9	16.7	13.1	27.3	11.8	14.8
	Minor	28.2	23.4	28.4	32.6	24.4	33.3	28.5	25.5	29.3	27.9
	No Problem	33.8	27.8	20.1	37.6	45.8	25.0	34.2	21.8	34.3	33.1
	Don't Know	24.4	35.9	29.0	18.8	17.9	25.0	24.3	25.5	24.6	24.2
Obesity among children	Major	9.9	9.9	10.8	9.8	7.4	26.1	9.6	17.9	9.1	10.4
	Minor	48.1	44.6	48.5	49.0	49.5	52.2	48.3	42.9	47.0	48.7
	No Problem	23.6	28.1	21.0	24.3	20.8	8.7	24.2	16.1	26.7	21.6
	Don't Know	18.4	17.4	19.8	16.9	22.3	13.0	17.8	23.2	17.2	19.3
Availability of medical dental care for children	Major	5.9	6.5	9.1	3.8	7.0	8.0	5.1	16.1	4.8	6.6
	Minor	25.9	13.7	27.3	29.6	30.7	36.0	25.2	35.7	23.0	27.5
	No Problem	57.8	63.7	52.7	59.5	52.8	44.0	59.0	42.9	63.4	54.5
	Don't Know	10.4	16.1	10.9	7.1	9.5	12.0	10.7	5.4	8.8	11.4
Auto accidents among teenage drivers	Major	32.3	25.3	38.1	30.7	37.1	50.0	32.6	33.9	26.8	36.1
	Minor	53.0	58.2	43.5	56.0	49.0	45.8	53.3	46.4	56.9	50.6
	No Problem	8.0	11.2	8.3	7.1	6.4	-	7.7	12.5	10.9	5.9
	Don't Know	6.8	5.2	10.1	6.1	7.4	4.2	6.5	7.1	5.9	7.3
Child Abuse	Major	28.0	14.1	38.5	33.4	25.7	20.8	27.9	25.0	24.7	30.0
	Minor	36.9	25.3	21.9	44.5	46.0	50.0	37.1	32.1	41.3	34.1
	No Problem	7.6	20.1	3.6	3.1	5.0	8.3	7.4	12.5	7.8	7.3
	Don't Know	27.6	40.6	36.1	19.0	23.3	20.8	27.7	30.4	26.1	28.6
Pregnancy among teenage girls	Major	39.5	30.4	46.7	41.2	39.9	50.0	38.6	54.5	29.4	46.3
	Minor	43.6	48.0	34.4	45.7	42.4	37.5	43.7	36.4	49.5	39.6
	No Problem	6.2	15.6	2.4	3.8	3.0	4.2	6.4	3.6	10.0	3.7
	Don't Know	10.7	6.0	16.6	9.3	14.8	8.3	11.3	5.5	11.1	10.4
Venereal Disease	Major	14.1	9.7	8.5	17.3	18.0	9.1	13.7	16.7	11.9	15.4
	Minor	23.1	18.2	23.2	27.9	19.5	18.2	23.6	16.7	25.2	21.9
	No Problem	7.4	16.9	6.1	4.0	5.0	-	7.5	7.4	10.1	5.3
	Don't Know	55.4	55.1	62.2	50.9	57.5	72.7	55.2	59.3	52.7	57.4

Extent to Which a Sample of Montana Residents Believe Selected Children and Youth Issues Are Important Priorities for Their Community;1981 (Stated in Percentages)

Item	Degree of Importance	Total	AGE					ETHNIC GROUP		SEX	
			18 & Under	19-30	31-45	46-60	61+	White	Native American	Male	Female
Alternative Education for unwed teenage mothers	Very Imp.	32.0	30.9	40.5	29.5	28.1	60.9	31.2	50.0	23.7	37.4
	Important	34.8	34.5	35.1	37.1	32.5	13.0	34.6	37.5	38.0	32.9
	Somewhat	24.9	24.5	18.5	24.8	32.0	17.4	25.4	12.5	27.5	23.0
	Not Imp.	8.3	10.0	6.0	8.6	7.4	8.7	8.8	-	10.8	6.8
Alternative Education for pregnant teenagers	Very Imp.	33.4	35.9	42.3	30.0	26.6	62.5	32.3	53.6	26.1	38.1
	Important	34.3	28.6	33.9	38.1	36.0	16.7/	34.5	32.1	36.9	32.8
	Somewhat	23.7	26.2	19.6	21.9	29.6	8.3	24.2	12.5	26.4	21.7
	Not Imp.	8.6	9.3	4.2	10.0	7.9	12.5	8.9	1.8	10.6	7.4
Nutrition education programs to help children improve eating habits	Very Imp.	26.9	21.7	37.9	23.4	26.2	73.9	26.3	39.3	23.2	29.5
	Important	37.9	35.3	38.5	41.4	35.9	13.0	38.2	39.3	35.6	39.3
	Somewhat	29.5	36.5	19.5	29.1	32.0	13.0	29.7	17.9	33.3	27.1
	Not. Imp.	5.7	6.4	4.1	6.1	5.8	-	5.8	3.6	8.0	4.1
Continue to provide a nutritional school lunch	Very Imp.	55.5	54.8	63.5	56.4	45.8	72.0	54.5	78.2	51.0	58.5
	Important	29.4	29.8	29.3	29.3	30.3	20.0	29.9	16.4	32.1	27.8
	Somewhat	11.0	12.5	4.8	10.2	16.4	8.0	11.3	5.5	12.4	10.0
	Not Imp.	4.1	2.8	2.4	4.1	7.5	-	4.3	-	4.5	3.8
Educational program to help children develop and practice decision-making skills	Very Imp.	44.7	28.8	51.2	51.1	42.7	70.8	43.1	58.2	45.6	43.7
	Important	37.5	43.6	35.7	35.2	36.9	29.2	38.5	30.9	34.4	39.8
	Somewhat	15.2	25.2	11.3	10.5	17.5	-	15.5	10.9	16.2	14.7
	Not Imp.	2.7	2.4	1.8	3.3	2.9	-	2.9	-	3.8	1.9
Educational programs to help children plan and anticipate the future	Very Imp.	47.0	48.4	46.1	47.5	42.4	68.0	45.5	67.9	46.8	47.0
	Important	37.0	37.6	37.7	36.1	38.5	28.0	38.3	26.8	36.5	37.9
	Somewhat	14.0	12.4	13.8	14.5	16.6	4.0	14.1	5.4	14.1	13.7
	Not Imp.	2.0	1.6	2.4	1.9	2.4	-	2.1	-	2.6	1.4
Expanded Day Care Facilities	Very Imp.	15.8	7.7	27.4	18.5	8.5	33.3	15.1	30.4	10.9	19.1
	Important	30.5	27.4	34.5	31.2	29.0	33.3	30.0	35.7	28.1	32.2
	Somewhat	38.6	49.6	28.0	36.9	40.5	12.5	39.4	28.6	42.6	35.7
	Not Imp.	15.1	15.3	10.1	13.4	22.0	20.8	15.5	5.4	18.4	13.0

Extent to Which a Sample of Montana Residents Believe Selected Children and Youth Issues Are Important Priorities for Their Community;1981 (Stated in Percentages)

Item	Degree of Importance	Total	AGE					ETHNIC GROUP		SEX	
			18 & Under	19-30	31-45	46-60	61+	White	Native American	Male	Female
Greater coordination and pooling of resources among organizations serving children	Very Imp.	45.3	22.2	48.8	54.1	49.0	72.0	44.4	61.8	43.1	47.1
	Important	36.5	47.3	33.9	32.7	34.5	28.0	37.4	25.5	35.7	37.1
	Somewhat	15.0	26.3	13.7	10.6	13.5	-	15.2	12.7	16.2	13.8
	Not Imp.	3.1	4.1	3.6	2.6	3.0	-	3.0	-	5.0	1.9
Human sexuality/ family life education provided through the schools	Very Imp.	34.1	34.3	44.0	34.0	24.3	47.8	33.9	39.3	25.7	39.5
	Important	37.0	34.3	35.7	38.0	40.8	21.7	37.2	35.7	37.5	37.0
	Somewhat	19.8	20.0	15.5	20.3	22.3	17.4	19.7	19.6	25.7	15.7
	Not Imp.	9.2	11.4	4.8	7.7	12.6	13.0	9.3	5.4	11.2	7.8
Human sexuality/ family life education provided through the churches	Very Imp.	28.7	16.2	28.0	34.0	30.7	52.0	28.3	29.1	26.9	29.3
	Important	35.6	26.3	35.1	37.3	44.2	32.0	36.2	32.7	33.8	37.2
	Somewhat	22.6	28.3	22.0	21.2	20.1	12.0	22.2	25.5	23.1	22.3
	Not Imp.	13.2	29.1	14.9	7.7	5.0	4.0	13.2	12.7	16.2	11.1
Identification and follow-up of high risk infants	Very Imp.	31.8	24.9	33.5	35.2	31.0	39.1	31.6	42.9	27.6	34.9
	Important	38.8	40.7	43.9	35.7	39.0	39.1	38.3	37.5	39.5	38.2
	Somewhat	24.0	25.7	19.5	24.8	25.5	8.7	24.6	19.6	25.7	22.8
	Not Imp.	5.4	8.7	3.0	4.3	4.5	13.0	5.6	-	7.3	4.1
Identification and follow-up services for handicapped children	Very Imp.	37.3	34.2	44.0	37.1	34.7	50.0	37.5	46.4	31.6	41.4
	Important	41.4	41.6	41.6	40.7	42.6	41.7	40.9	41.1	43.8	39.8
	Somewhat	18.8	20.2	13.3	19.8	20.8	8.3	19.3	12.5	21.3	16.9
	Not Imp.	2.5	4.1	1.2	2.4	2.0	-	2.4	-	3.3	1.9
Parenting skills training to combat drug and alcohol abuse in junior high levels	Very Imp.	69.0	58.5	71.6	72.3	71.2	80.0	68.8	75.0	66.9	70.2
	Important	23.0	27.4	20.1	22.0	22.4	20.0	23.1	23.2	24.4	22.1
	Somewhat	6.6	10.9	7.7	5.2	4.4	-	6.7	1.8	7.3	6.2
	Not Imp.	1.4	3.2	.6	.5	2.0	-	1.4	-	1.4	1.4

This information is based on a sample of 1084 responses to a community survey conducted by delegates to the Montana Governor's White House Conference on Children and Youth, November 1981.

APPENDICES

APPENDIX A	Questionnaire used for telephone survey of Montana Women
APPENDIX B	Questionnaire used for survey of Public Health Providers
APPENDIX C	County Public Health Providers
APPENDIX D	Health Care Standards for Women and Children
APPENDIX E	List of Persons Interviewed
APPENDIX F	Gallatin County High-Risk Registry Scoring System and Questionnaire

BIBLIOGRAPHY

APPENDIX A

MONTANA S I R
902 3rd Avenue South
Great Falls, MT 59405

STUDY #81-3
COUNTY_____TOWN_____

Hello, I'm _____ with Montana Surveys. We're conducting a survey for the Montana State Department of Health. May I speak with a female that resides in your household that would be in the age range of 15-44 years of age?

1. May I ask your age? ENTER ON LINE → _____

SAY:
These next few questions are for statistical purposes only.

2. Which of the following amounts best represents your total household income for the past year?

(READ LIST - CIRCLE ANSWER NUMBER)

Under $7,500	1	$15,000-20,000	4
7,500-10,000	2	20,000 or over	5
10,000-15,000	3		

(CHECK QUOTA FOR INCOME) ENTER NUMBER CIRCLED ON LINE → _____

3. How many persons are currently residing in your household?
ENTER ON LINE → _____

one/two adults only skip to q. 5

4. How many children in the following age groups are currently residing in your household?

(READ LIST)

1. under 5 years	_____	3. 10-14 years	_____
2. 5-9 years	_____	4. 15-18 years	_____

1_____ 3 _____
2_____ 4 _____

5. Is the male head of the household currently employed?
CIRCLE NUMBER →

Yes 1 No 2
No male 3 Refused

Is the female head of the household currently employed?
CIRCLE NUMBER →

Yes 1 No 2
Refused 3

B) Are You

Single	1
Married	2
Divorced	3
Widow	4

SAY:
These next questions have to do with health care.

6. Which of the following are you currently using for financing of your health care?
CIRCLE NUMBER →

Private Medical Insurance	1
Indian Health Service	2
Medicade	3
Medicare	4
No Insurance - Cash Only	5

7. Does your county have a public health department? → Yes 1 No 2 D.K. 3

8) Is a nurse provided by your county to serve your area? → Yes 1 No 2 D.K. 3

(CIRCLE NUMBER BOTH PLACES)

8. Which of the following, if any, would or have kept you from seeking health care from a county public health department? (READ list)

Lack of transportation	1	Lack of babysitter	4	1	4
Clinic hours	2	Attitude of Dept. personnel **	5	2	5
Cost of services	3	Location of Service *	6	3	6

(ASK IF #6 LOCATION IS MENTIONED)

*A) In what way would or has the location of the service been a problem?

(ASK B) → *Too great a distance	1
Inconvenient location	2

*B) About what distance would you have to travel to get to the location of service?

ENTER AMOUNT → _____

(ASK IF #5 ATTITUDE MENTIONED)

C)
**Please explain in what way the attitude of public health department personnel would or have kept you from seeking health care from their department?

PROBE

_____

_____

_____

_____

9. Which of the following, if any, would or have kept you from seeking health care from a private physician? (Read list)

Lack of transportation	1	Attitude of personnel	5	1	5
Clinic hours	2	Attitude of physician	6	2	6
Cost of services	3	Other than mentioned	7	3	7 _____
Lack of babysitter	4	None of the previously mentioned	8	4	8 _____

10. Have you personaly received health care from a doctor or nurse during the past two years? → Yes 1 No 2

(IF NO SKIP TO q. 11)

Was this for an: Illness 1
Check up 2
Accident/Emergency 3

B) Did you receive this health care from a public or private health care service?

Public 1
Private 2
Both 3

(IF NO CHILDREN SKIP TO 12)

11. Have any children, 18 years or under, currently residing in your household been seen by a doctor or nurse during the past two years? (IF NO SKIP TO q. 12) Yes 1 No 2

B) What is the age of the child/children that saw a doctor or nurse during the past two years? → (ENTER YOUNGEST FIRST)

1st _____
2nd _____
3rd _____
oldest _____

(FOR EACH CHILD MENTIONED)

C) Was this for an: →

	1st	2nd	3rd	oldest
Illness				
Check up				
Accident/Emergency				

D) Did this/these children receive this health care from a public or private health care service?

Public 1
Private 2
Both 3

12. Has a public health nurse ever made a visit in your home? Yes 1 No 2 D.K. 3

13. Which of the following best describes how often you visit a dentist?

(READ LIST)

Once a year or more 1
Less than once a year 2
Emergency only 3

(IF NO CHILDREN SKIP TO q. 15)

14. How frequently do the children, 18 years and under, currently residing in your household visit a dentist? (READ LIST)

Once a year or more	1
Less than once a year	2
Emergency only	3

15. In your opinion, does fluoride in a municipal water supply help in the prevention of tooth decay?

(DO NOT READ LIST)

Yes	1
No	2
It's suppose to, think so, but not sure.	3
D.K.	4

17. The following is a list of medical services that may or may not be provided by a public health department.

As I read each item, indicate if you see a need for each particular service to either be started, remain the same, be expanded, decreased or eliminated in your area. *Do you see a need for SAY ITEM to be started, remain the same, be expanded, decreased or eliminated?

(START AT * FOR EACH ITEM)

	Started	Same	Expand	Decrease	Eliminated
a. Care during pregnancy	1	2	3	4	5
b. nutrtional services, i.e, menu planning	1	2	3	4	5
c. counseling for child abuse parents	1	2	2	4	5
d. Venereal disease service	1	2	3	4	5
e. transportation to health care center	1	2	3	4	5
f. Family planning counseling	1	2	3	4	5
g. dental education	1	2	3	4	5
h. care of a physically handicapped child.	1	2	3	4	5
i. alcohol/drug abuse counseling	1	2	3	4	5
j. abortion counseling	1	2	3	4	5
k. home visits by nurse	1	2	3	4	5
l. counseling services for pregnant teenagers	1	2	3	4	5
m. childrens immunization service	1	2	3	4	5
n. 24 hour crisis telephone lines, i.e a place to call for a personal or family crisis i.e, rape, child/spouse abuse ect.	1	2	3	4	5
o. adequate information on sex education	1	2	3	4	5

	Started	Same	Expand	Decrease	Eliminated
p. care of a developmentally or mentally disabled child	1	2	3	4	5
q. counseling for parents of developmentally or mentally disabled children	1	2	3	4	5
r. the W I C program	1	2	3	4	5

DOES NOT KNOW WHAT THE W I C PROGRAM IS...1

EXPLAIN: A nutrition program offered to low income women, infants and children who are at a nutritional risk. This program provides foods that supplement the diets of these persons, plus provides nutritional education.

(AFTER READING, ASK q. r AGAIN)

18. Which of the following do you feel are the TWO most effective ways to inform you of services provided by health agencies in your area? (READ LIST)

(RECORD IN ORDER OF 1st/2nd MENTIONED)

1. Television	____	5. Pamphlet	____
2. Word of mouth	____	6. Local Newspaper	____
3. Radio	____	7. School	____
4. Educational talks	____	8. Other	____

1st. ____

2nd. ____

19. Are any members of your household presently pregnant?

Yes 1

No 2 (no skip to q. 20)

A) Which month are you/she in?

ENTER MONTH → ____

B) How often have or will you/she see your doctor in the first three months?

ENTER NUMBER OF TIMES → ____

20. Were any members of your household pregnant at any time during the past 24 months?

Yes 1

No 2 (no skip to end)

A) Which person or persons in your household was pregnant during the past 24 months?

1

2

3

1 Mother ____ 2 Daughter ____ 3 Other ____ WRITE IN

21. In this pregnancy, how many times during your first three months did you see your doctor?

Less than once a month → 1

More than once a month → 2

Once a month → 3

22. If you delivered in the past two years did you see your doctor for a 4-6 week check up? Yes 1 No 2

A) Did you child, born within the past two years, have a 4-6 week check up? Yes 1 No 2

Thank you for sharing your opinion with us on this survey. In case my supervisor wants to verify my work, may I please ask you name and telephone number?

Name _____ Telephone _____

City _____ County _____ Interviewer _____

Is your residence in: 1 City limits
2 suburban area, within 3 miles of town limit
3 Rural Town limits
4 Rural

Any notes Interviewers wish to add:

APPENDIX B

MCH NEEDS ASSESSMENT QUESTIONNAIRE FOR LOCAL HEALTH OFFICERS/PUBLIC HEALTH NURSES

1. In what city or town are you located? _____

2. In what county or counties do you provide services? _____

3. For county without an organized health department:
   Approximately what percent of your time is spent on MCH related programs? _____ %

   For county with an organized health department:
   Approximately what percent of your department budget is spent on MCH related programs? _____ %

4. What kinds of health service needs do you encounter the most frequently in MCH related programs? _____

   _____

5. Do you feel there are adequate resources within your department/county to deal with those service needs? _____

6. Do you feel there are adequate resources available when you need to refer?

   _____

7. What factors if any, do you feel would keep people from seeking help from a local health department or from private medical care?

FACTOR	LOCAL HEALTH DEPARTMENT	PRIVATE MEDICAL CARE
Lack of transportation		
Clinic/department hours		
Cost of services		
Location of services		
Client unawareness of service		
Physician/personnel attitudes		
Client's personal reasons		
Other (please specify)		

8. What are the two most effective ways to inform consumers about services provided in your county ?

Television ____
Word of mouth ____
Radio ____
Educational talk ____
Pamphlet ____
Local Newspaper ____
Other (please specify)

9. In what ways does your department/county inform the public about its services?

_____

_____

10. Approximately what percent and amount of resources is allocated by your department/county for educational/informational purposes?

_____ Amount _____Percent

11. What percentage of women and children in the county need MCH services, but are not receiving them? _____%

12. What do you think are the greatest priorities for women and children in your county? _____

_____

_____

13. Do you have any suggestions as to how the state could better provide for the health care needs of the women and children in your county?

14. The following are medical services that can be provided by local health departments, Please respond to each of the services as to whether you would like to see them started, expanded, decreased, eliminated or remain the same.

SERVICE	STARTED	EXPANDED	DECREASED	ELIMINATED	REMAIN THE SAME
Prenatal Care					
Nutritional Services (such as counseling, education, assessments)					
WIC Program					
Transportation of clients to health care					
Infertility Problems					
Ob-Gyn Services					
Birth Control services					
Abortion services					
Child abuse/neglect (counseling, education, shelters)					
Babysitting services for clients					
Dental Education (in-class,pamphlets)					
Fluoride rinse programs (in schools)					
Dental screening (in school exams)					
Immunization services for children					
Alcohol/drug abuse services (such as counseling, education, treatment facilities)					
Home visits by nurses					
24 Hour Crisis Telephone Lines					

SERVICE	STARTED	EXPANDED	DECREASED	ELIMINATED	REMAIN THE SAME
Venereal disease screening/treatment					
Services for pregnant teen-agers					
Follow-up services for handicapped children (such as referral to community resources, home assessments, assistance in understanding medical reports)					
Services for handicapped parents (counseling, education of adaptive measures)					
Hearing/vision/speech tests					

COUNSELING OR EDUCATION IN THESE AREAS:

Child birth preparation

Child Development

Infant Care

Parenting Skills

Accident Prevention

First Aid

Specific chronic illnesses

Care of handicapped children

Care of developmentally delayed children

LIST OF MCH RELATED SERVICES IN YOUR COUNTY

This is a list of MCH related services that I believe are available in your county. Please check the list for errors and/or make the necessary additions. In addition, please indicate either the percentage of your time (or the local health department's) that is spent in each of the area OR the number of persons served in each area. If I have indicated that I will be meeting with you personally, please hold this list until our meeting. If you have received a questionnaire, please return this corrected list with the questionnaire.

SERVICES	PERCENTAGE OF YOUR TIME SPENT IN EACH AREA OR NUMBER OF PERSONS SERVED IN EACH AREA
Prenatal classes	
Well Child Clinics	
Pre-School Screening	
WIC services	
Nutritional services	
Dental Education	
Fluoride rinse program	
Dental Screening	
Child Immunizations	
Diabetes Screening	
Blood Pressure Screening	
VD Screening	
Family planning counseling	
Family Planning Clinic	
Parenting Classes	
Home Health Visits	
Alchohol-drug abuse or treatment	
Developmentally disabled follow-up services	
Handicapped children follow-up services	
Mental Health counseling	
Genetic Risk Evaulation	
Adoption services	
Abortion services	

Services for pregnant teenagers	_____	_____
Child abuse/neglect	_____	_____
Transportation to health care	_____	_____

Other? Please specify

COUNTY PUBLIC HEALTH PROVIDERS

Counties without a local health officer:

Carter

Counties without a county public health nurse:

Carter
Deer Lodge - has school nurse, job corps nurse, and home health nurse
Liberty
Madison
Meagher
Powell - has school nurse
Sweet Grass - has school nurse
Treasure - nurse available by referral only

The following counties are part of the Central Montana Health District, sharing a health officer and receiving nursing services from Fergus County as requested by the county commissioners:

Judith Basin - has school nurse
Golden Valley
Musselshell - has school nurse
Petroleum
Wheatland

Each of the remaining counties not listed have both a health officer and public health nurse.

APPENDIX D

STANDARDS FOR MEDICAL SERVICE FOR WOMEN OF CHILD-BEARING AGE AND CHILDREN AGES 0-21

Part I: Health Services for Women of Reproductive Age, With a Special Focus on Services Relevant to Reproduction

Part II: Health Services for Infants in the First Year of Life

Part III: Health Services for Children From One Year to Early Adolescence

Part IV: Health Services for Adolescents

PART V: Health Services for Children With Special Needs

Included within are lists of needed services developed by the complilation of standards from the following resources:

Better Health for Our Children: A National Strategy, The Report of the Select Panel for Promotion of Child Health, Department of Health and Human Services

Standards for Child Health Care, American Academy of Pediatrics

Standards for Obstetric-Gynecologic Services, American College of Obstetricians and Gynecologists

These standards were prepared for the assessment of the health care needs of Montana's women and children. The standards were used in the assessment as a baseline of medical services that should be available to every women of child bearing age and every child up to age 21 to ensure adequate health care.

HEALTH SERVICES FOR WOMEN OF REPRODUCTIVE AGE, WITH A SPECIAL FOCUS ON SERVICES RELEVANT TO REPRODUCTION

I. Services for nonpregnant women that relate to the occurrence and course of future pregnancy

A. Diagnosis and treatment[1] or referral and followup of general health problems, both acute and chronic, that can adversly affect future pregnancy, fetal development, and maternal health such as:

1. Sexually transmitted diseases
2. Immune status
3. Gynecological anatomic and functional disorders
4. Organic medical problems such as renal and heart diseases, hypertension,diabetes, and endocrine problems
5. Inadequate nutritional status[2] including both under and overweight
6. Problems relating to fertility
7. Genetic risk
8. Significant dental problems such as periodontal disease
9. Occupational exposure

B. Diagnosis and treatment[3] or referral and followup of mental health and behavioral problems, both acute and chronic, that can adversely affect pregnancy, fetal development, and maternal health such as:

1. Alcohol abuse, drug addiction or abuse, other substance abuse, and cigarette smoking
2. Significant mental disorders such as schizophrenia and depression

C. Comprehensive family planning services, including:

1. Information, education and counseling regarding family planning concepts and techniques, and other issues such as the importance of prenatal care, and risks to mother and child of childbearing at extremes of the reproductive age span
2. Physical examination, including breast and pelvic examination, as indicated, and tests such as a Papanicolau smear, G.C. culture, urinalysis, and serlogical examination as appropriate
3. Provision of family planning methods and instruction regarding their use
4. Pregnancy testing with attendant counseling and referrals as appropriate (including prenatal services, adoption, and abortion)
5. Infertility services, including counseling, information, education, and treatment
6. Sterilization services, including counseling, information, education, and treatment

D. Genetic screeening and related services as needed to detect persons at risk, with counseling and referral as appropriate[4]
E. Home health and homemaker services[4]

II. Services in the prenatal period

A. Early diagnosis of pregnancy
B. Counseling regarding plans for pregnancy continuation
   1. For those electing to carry to term, referral for and provision of prenatal care and of adoption services if indicated; referral to childbirth preparation classes as desired
   2. For those electing abortion, referral to and provision of first or second trimester abortion,including family planning counseling

C. Prenatal care services including:

   1. History (general medical, social and occupational, family and genetic background, health habits, previous pregnancies, and current pregnancy)
   2. General physical examination including blood pressure, height and weight, and fetal development
   3. Laboratory tests as appropriate, such as VDRL, Pap smear, G.C. culture, hemoglobin-hematocrit, urinalysis for sugar and protein, Rh determination, and rubella test
   4. Diagnosis and treatment[1] or referral and followup of general health problems, both acute and chronic, preexisting or arising during the prenatal period, that can adversely affect pregnancy, fetal development, or maternal health
   5. Diagnosis and treatment[2] or referral and followup of mental health problems, both acute and chronic, preexisting or arising during the prenatal period, that can adversely affect pregnancy, fetal development, or maternal health
   6. Nutritional assessment and services as needed. Provision of vitamin, iron, and other supplements as appropriate
   7. Dental services with special attention to detection and treatment of periodontal disease
   8. Screening, diagnosis (including amniocentesis), and counseling with follow-up for selected fetal genetic defects (such as neural tube defects, Down's syndrome, Tay-Sach's disease and sickle cell disease) with abortion services available
   9. Services to identify and manage high-risk pregnancies to include provision of appropriate prental and perinatal care services for labor, delivery, and newborn care

10. Counseling and anticipatory guidance with follow-up and referrals as needed regarding:
    a. physicial activity and exercise
    b. nutrition during pregnancy, including the importance of adequate but not excessive weight gain
    c. avoidance during pregnancy of smoking, alcohol, and other hazardous drugs; and of environmental hazards including radiation, hazardous chemicals, and various work-place hazards.
    d. signs of abnormal pregnancy and of the onset of labor; education of the regional care and transport system
    e. preparation of the woman (and her partner where appropriate) for labor and delivery, including plans for place of delivery
    f. use of medications during pregnancy
    g. infant nutritional needs and feeding practices, including breast feeding
    h. nutritional needs of the nursing mother
    i. child-care arrangements
    j. the pregnant employee
    k. parenting skills, including meeting the physical, emotional and intellectual needs of the infant, with specific appraisal of problem parents at risk of child abuse or neglect
    l. planning for continuous and comprehensive pediatric care following delivery, including arrangements for a pediatric antenatal visit to link the family to pediatric care
    m. emotional and social changes occasioned by the birth of a baby, including changes in marital and family relationships, the economic aspects of pregnancy, the special needs of the mother in the postpartum period, and preparing the home for the arrival of the newborn
    n. Other relevant topics in response in patient concern

D. Home Health and homemaker services[4]

E. Frequency of visits
    1. The normal patient should generally be seen at least every four weeks for the first 28 weeks of pregnancy, every two weeks until the 36th week, and weekly thereafter. Patients with active problems of necessity are seen more frequently.

III. Services in the perinatal and postpartum periods

A. Assessing the progress of labor and the conditions of the mother and fetus throughout labor
B. Medical services during labor and delivery for diagnosis and management of conditions threatening the mother and/or infant, including the availability of a Caesarean section when indicated
C. Delivery of the baby by a qualified professional in a facility that has services needed to manage medical emergencies of the mother and/or newborn, or has ready access to such services
D. Diagnosis and treatment[1] or referral and followup of general health problems, both acute and chronic, preexisting or arising during the perinatal and postpartum periods that can adversely affect the mother's child-caring abilities
E. Diagnosis and treatment[2] or referral and followup of mental health or behavioral problems, both acute and chronic, preexisting or arising during the perinatal and postpartum periods (including maternal depression) that can adversly affect the mother's child-caring abilities
F. Counseling and anticipatory guidance with referrals and followup as needed regarding:

1. Infant development and behavior
2. Infant nutritional needs and feeding practices, including breast-feeding; the nutritional needs of the nursing mother
3. Automobile restraints for infants and children, and general accident prevention concepts (especially home accidents and accidental poisoning)
4. Infant stimulation and parenting skills, with specific appraisal to identify parents at risk of child abuse and neglect
5. Need for and importance of immunizations
6. Effect on children of parental smoking, use of alcohol and other drugs, and other health-damaging behaviors
7. The importance of a source of continuous and comprehensive care for both mother and child, including identification of available resources to help with such problems as illness in the newborn or breast-feeding difficulties
8. Recognition and management of illness in the newborn
9. Hygiene and first aid
10. Child care arrangements
11. Other relevant topics in response to parental concern

G. Home health and homemaker services[4]

H. Routine postpartum examination, with referrals and follow-up as needed, approximately 6-8 weeks after delivery, including:

1. Laboratory services as appropriate
2. Family planning services
3. Counseling as appropriate regarding the topics noted in III F above and other relevant topics in response to parental concern

IV. Health Education regarding such topics as:

A. Items in II (C) 10 and III F above

B. Developing positive health habits

C. Using health services appropriately

D. Using community health resources such as the Supplemental Food Program for Women, Infants and Children (WIC), food stamps, welfare and social services that bear significantly on health status

V. Access-related services:

A. Transportation services as appropriate including

1. Emergency medical transport services for both mother and infant
2. Transportation services associated with a regionalized perinatal and/or tertiary care network
3. Transportation services that facilitate obtaining needed health services

B. Outreach services

C. Hotline, translator and 24 hour emergency telephone services

D. Child Care services to facilitate obtaining needed health services

PART II:
HEALTH SERVICES FOR INFANTS IN THE FIRST YEAR OF LIFE

I. Services in the neonatal period

A. Evaluation of the newborn infant immediately after delivery and institution of appropriate support procedures such as nasal-oral suctioning

B. Complete physical examination, including length, weight, and head circumference within 24 hours of birth.

C. Laboratory tests to screen for genetically-determined diseases including PKU, hypothyroidism, and galactosemia

D. Diagnosis and treatment[1] or referral and followup of general health problems, both acute and chronic

E. Preventive procedures to include
1. Gonococcal eye infection prophylaxis
2. Administration of Vitamin K

F. Services of a newborn intensive care unit as appropriate

G. Nutritional assessment and services[3] and supplementation as needed

H. Bonding and attachment support activities including provision for extended contact between parents and their infant immediately after delivery and, where desired by the parents, rooming-in arrangements or the equivalent.

I. Arrangements for continuous, comprehensive pediatric care for the newborn following discharge from the hospital

J. Home Health Services[4]

II. Services during the balance of the first year of life

A. Periodic health assessment to include:

1. History and systems review (general medical and social, family and genetic background, with items of inquiry determined by age, developmental stage, and likelihood of potential problems)
2. Complete physical examination to include:
   a. height and weight
   b. head circumference
   c. developmental-behavioral assessment
   d. vision and hearing evaluation

3. Screening and laboratory tests as indicated, including hemoglobin-hematocrit and tuberculin skin test; and, for infants at risk, such procedures as lead poisoning, parasite, and sickle cell screening
4. Nutritional assessment and services[3] and supplementation as needed (including provision of such supplements as iron and vitamin D, andfluoride if community water supply is not fluoridated)

B. Immunization according to nationally reconized standards

1. first year DTP (Diphtheria-Tetanus-Pertussis) series and Trivalent Oral Polio
2. One Year - Tuberculin Test
3. 14 months - Measles, mumps and rubella
4. 18 months - DPY booster, Trivalent Oral Polio
5. 5-6 years DPT booster and Trivalent Oral Polio Booster
6. 12 years - Td

C. Diagnosis and treatment or referral and followup of general health problems, both acute and chronic

D. Home Health services

III. Services for families during infants' first year of life

A. Counseling and anticipatory guidance with referrals and followup as needed regarding:

1. Infant development and behavior
2. Maternal nutritional needs, especially if breast-feeding, and infant nutritional needs and feeding practices
3. Automobile restraints for infants, and general accident prevention concepts
4. Infant stimulation and parenting skills, with specific appraisal to identify parents at risk of child abuse or neglect
5. Need for and importance of immunization
6. Effect on children of parental smoking, use of alcohol, and other drugs and other health-damaging behaviors
7. The importance of a source of continuous and comprehensive care for mother and child, including identification of available resources to help with such problems as sudden illness or breast-feeding difficulties
8. Recognition and management of illness
9. Hygiene and first aid
10. Child care arrangements
11. Other relevant topics in response to parental concern

B. Counseling and provision of appropriate treatment and/or referral to appropriate services as needed for parents:

1. Who have chronic illnesses, handicapping conditions, alcohol or drug problems, mental health problems (including maternal depression) or other health problems that seriously affect their capacity to care for the infant.
2. Whose infant is seriously ill
3. Whose infant has a chronic illness or handicapping condition
4. Whose infant is or is about to be hospitalized

IV. Health Education regarding such topics as:

A. Items in III A above

B. Developing positive health habits

C. Using health services appropriately

D. Using community health resources such as WIC, food stamps, welfare and social services that bear significantly on health status

V. Access-related services

A. Transportation services as appropriate including:
1. Emergency medical transport services for both infant and mother
2. Transportation services associated with a regionalized perinatal and/or tertiary care network
3. Transportation services that facilitate obtaining needed health services

3. Outreach services

C. Hotline, translator and 24-hour emergency telephone services

D. Child care services to facilitate obtaining needed health services

HEALTH SERVICES FOR CHILDREN FROM ONE YEAR TO EARLY ADOLESCENCE

I. Services for children

A. Periodic health assessment to include:

1. History and systems review (general medical and social, family and genetic background, with items of inquiry determined by age, developmental stage, and likelihood of potential problems)
2. Psychosocial history, including peer and family relationships, and school progress and problems
3. Complete physical examination to include:
   a. height and weight, including attention to overweight, underweight and poor linear growth
   b. developmental and behavioral assessment
   c. vision, hearing and speech evaluation
4. Screening and laboratory tests as indicated, including hemoglobin-hematocrit and tuberculin skin test; and for children at risk, such procedures as lead poisoning, parasite, and sexually transmitted disease screening
5. Nutritional assessment and services and supplementation as needed (including provision of such supplements as iron and vitamin D, and fluoride if community water is not fluoridated)

B. Immunizations according to nationally recognized standards
1. see previously listed schedule

C. Diagnosis and treatment or referral and followup of general health problems, both acute and chronic

D. Diagnosis and treatment or referral and followup of mental health problems, both acute and chronic, including emotional and learning disorders, behavioral disorders, alcohol and drug-related problems, and problems with family and peer group relationships.

E. Counseling and provision of support services as need to children with chronic illnesses and/or handicapping conditions

F. Dental services, both preventive and therapeutic, including oral examinations, prophylaxis, X-ray, fluoride supplementation if community water is not fluoridated, restorations including fillings, orthodontia for significant physical or psychological impairment, and treatment of dental problems including periodontal disease.
1. Visits to occur every 12 months

G. Home health services

II. Services for children and their families

A. Counseling and anticipatory guidance with referrals and followup as needed to child and/or parents as appropriate regarding:

1. Nutritional needs including food purchase and preparation, routine dietary needs, and the importance of a high-quality diet
2. Automobile restraints for children and general accident prevention concepts (especially home accidents, accidental poisoning and sports injuries)
3. Parenting skills, with specific appraisal to identify parents at risk of child abuse or neglect
4. Need and importance of immunizations
5. Medical and child care arrangements for child
6. Dangers of use by children and effects on children of parental smoking, use of alcohol, and other drugs
7. Physical activity and exercise
8. Hygience and first aid
9. Dental health
10. Childhood antecedents of adult illness
11. Child development (including sexual maturation and adjustment, and developmental and behavioral difficulties)
12. Environmental hazards
13. Other relevant topics in response to child and/or parental concern

B. Counseling and provision of appropriate treatment services and/or referral to services (including home health and homemaker services) as needed by parents

1. Who have chronic illnesses, handicapping conditions, alcohol or drug problems, mental health conditions (including maternal depression) or other health problems that seriously affect their capacity to care for the child
2. Whose child is seriously ill
3. Whose child has a chronic illness or handicapping condition, or a significant behavioral or emotional problem
4. Whose child is or is about to be hospitalized

III. Health education regarding such topics as:

A. Items previously mentioned listed in II A

B. Developing positive health habits

C. Using health services appropriately

D. Using community health resources such as WIC, food stamps, welfare and social services that bear significantly on health status

IV. Access-related services

A. Transportation services as appropriate including:
1. Emergency medical transport services
2. Transportation services associated with a regionalized tertiary care network
3. Transportation services that facilitate obtaining needed health services

PART IV:

HEALTH SERVICES FOR ADOLESCENTS

I. Services for adolescents

A. Periodic health assessment to include:

1. Medical history and systems review (general medical and social, family and genetic background, with items of inquiry determined by age, developmental stage, and likelihood of potential problems)
2. Psychosocial history, including school progress and problems, out-of-school activities, peer and family relationships, and health-related habits, including sexual activity and use of alcohol and drugs
3. Complete physical examination including:
   a. height and weight with special attention to deviations from normal growth patterns
   b. Developmental and behavioral assessment, including sexual development
   c. vision, speech and hearing evaluations
4. Screening and laboratory tests as indicated, including hemoglobin-hematocrit and tuberculin tests; and for adolescents at risk, such procedures as lead poisoning, parasite, and sexually transmitted disease screening
5. Nutritional assessment and services and supplementation as needed

B. Maintenance of immunizations according to nationally recognized standards
1. See Part II, Section II, B

C. Family planning services with availability of extensive counseling for the adolescent, partner, and family as appropriate; and education on, among other topics, the importance of early prenatal care and risks to both mother and child of childbearing in early adolescence

D. Diagnosis and treatment or referral and followup of general health problems, both acute and chronic

E. Diagnosis and treatment or referral and followup of mental health problems, both acute and chronic, including emotional and learning disorders, behavioral disorders, alcohol and drug-related problems, and problems with family and peer group relationships

F. Counseling and provision of support services as needed to children with chronic and/or handicapping conditions

G. Dental services, both preventive and therapeutic, including oral examination, prophylaxis, X-ray, fluoride supplementation if community water supply is not fluoridated, restorations including fillings, orthodontia for significant physical or psychological impairment, and treatment of dental problems including periodontal disease

H. Home health services

II. Services for adolescents and their families

A. Counseling and anticipatory guidance with followup and referrals as needed for the adolescent and/or parents as appropriate regarding:
1. Nutritional needs, including the importance of high-quality diet and risks associated with fad diets
2. Automobile restraints and general accident prevention concepts, including sports injuries
3. Psychosomatic complaints such as those associated with family and school difficulties
4. Dental health
5. Smoking, use of alcohol and other drugs
6. Physical activity, exercise and sleep
7. Relationship of health-related behaviors in adolescence to adult illness
8. Sexual development and adjustment, male-female relationships, family life, and family planning as appropriate
9. Future plans, including school and vocational plans
10. Other topics in response to adolescent and/or family concerns

B. Counseling and provision of appropriate treatment services and/or referral to services (including home health and homemaker services) as needed for parents:

1. Who have chronic illnesses, handicapping conditions, alcohol or drug problems, mental health conditions or other health problems that seriously affect their capacity to care for the adolescent
2. Whose adolescent is seriously ill

3. Whose adolescent has a chronic illness of handicapping condition, or a significant behavioral or emotional problem
4. Whose adolescent is or is about to be hospitalized

III. Services with special relevance for pregnant adolescents choosing to carry a pregnancy to term and keep the baby, and for the very young parents ; services for pregnant adolescents choosing to place the child up for adoption, or elect not to carry to term

A. Special attention to prenatal services directed at detecting and preventing low-birth weight infants

B. Counseling regarding plans for pregnancy continuation
   1. For those electing abortion, referral to and provision of first or second trimester abortion, including family planning counseling
   2. For those electing to carry to term, referral for and provision of prenatal care and of adoption services if indicated; referral to childbirth preparation classes as desired
   3. Indepth counseling regarding
      a. family and partner-spouse relationship
      b. home management and family life with an emphasis on preparation for parenthood
      c. vocational and educational plans
      d. management of stress associated with caring for babies and young children
      e. financial planning

C. Special educational arrangements as needed to assist the pregnant adolescent and young mother to remain in school and/or obtain needed job skills

D. Support services such as infant and child day care, home health and homemaker services, crisis intervention, psychological support services and services to link the young mother and family to community resources as needed (such as WIC and welfare programs, housing assistance, community health centers, vocational counseling and educational agencies and food stamps)

IV. Health education regarding such topics as:

A. Items in II A above
B. Developing positive health habits
C. Using health services appropriately
D. Using community health resources that bear significantly on health status

V. Access-related services

A. Transportation services as appropriate including:
   1. emergency medical transport services
   2. transportation services associated with a regionalized tertiary care network
   3. transportation services that facilitate obtaining needed health services

B. Outreach services

C. Hotline, translator, and 24 hour emergency telephone services

D. Child care facilities to facilitate obtaining needed health services

HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS

A. Special attention to health care services directed at detecting and preventing developmentally disabling or handicapping outcomes.

1. Early identification of high risk pregnancies
2. Early assessment and evaluation by interdisciplinary team

B. Special arrangements to provide as necessary, the following services for children of special needs;

1. Provision of acute care on an ambulatory basis
2. Provision of acute care on an inpatient basis
3. Continuing care and follow-up
4. Rehabilitation services
5. Respite care
6. Residential care
7. Educational linkages
8. Vocational linkages
9. Special services for family to assist in the care of child with special needs

C. Counseling and educational efforts for family

1. Training in meeting child's needs
2. Provision of appropriate treatment services and/or referral to services as needed for parents
3. Using community health resources that bear significantly on health status

FOOTNOTES

[1]Services for both acute and chronic medical conditions include inpatient and outpatient services, clinic and physician office services, emergency services, laboratory and X-ray services,provision of prescribed drugs and vaccines, medical supplies, and rehabilitation services.

[2]Services for both acute and chronic mental health conditions include patient and outpatient hospital services, long term psychiatric care, clinic and physician officer services, counseling and anticipatory guidance, crisis intervention services, laboratory services, and provision of prescribed drugs.

[3]Nutrition services include screening-assessment of nutritional status; dietary counseling to assist people to meet their normal and therapeutic nutritional needs; nutritional education; and provision of, or referral to, resources needed to improve or maintain nutritional health, that is, supplemental food assistance, special feeding equipment, food service programs and health care providers for nutrition related medical problems.

[4]Home health care services include the provision of medical, nursing, dietary, and rehabilitative services in the home, homemaker services including assistance for the family in routine household responsibilities when illness or disability interferes with such functions.

INTERVIEWS

Bartlett, John - Deputy Director, Department of Health, Environmental Sciences (DHES)
Bean, Dave - Venereal Disease, Preventive Health Services, DHES
Black, Darla - Community Health Nurse, Fergus County Health Department
Brandon, Margo - Community Health Nurse, Granite County Health Department
Burke, William - Local Health Officer, Butte-Silver Bow City-County Health Department
Capp Dee - Handicapped Children's Services, DHES
Copp, Dr. Dana - Patient Care Coordinator, Billings Area Indian Health Service Office
Carothers, Mary Ann - Community Health Nurse, Lincoln County Health Department
Dodson, Mary - Nursing Supervisor, Northern Cheyenne Indian Health Service
Feffer, David - Local Health Officer, Missoula City-County Health Department
Frazier, Helbent - Service Unit Director, Northern Cheyenne Indian Health Service
Gann, Tom - Service Unit Director, Blackfeet Indian Health Service
Gans, Dr. Paul - Local Health Officer, Central Montana Health District
Gedrose, Judy - Nursing, DHES
Gibbs, Verne - Service Unit Director, Fort Peck Indian Health Service
Ginnebaugh, Althea - Local Health Officer, Flathead County Health Department
Goller, Dr. Vernon - Improved Pregnancy Outcome Project, DHES
Gustafson, Eleanor - Community Health Nurse, Pondera County Health Department
Haggberg, Dr. William - Dental Bureau, DHES
Hanpa, Ellen - Immunizations, DHES
Herrin, Sheila - Dental Bureau, DHES
Holverson, Mary Ellen - Nutrition, DHES
Howard, Sharon - Assistant Director of Nursing, Cascade City-County Health Department
Huy, Janice - Nutritionist, Fort Peck Indian Health Service
Johnson, Robert - Local Health Officer, Lewis and Clark City-County Health Department
Kennedy, Edward - Director, Helena Indian Alliance
King, Dr. Edward - Local Health Officer, Gallatin City-County Health Department
Knecht, Lois - Community Health Nurse, Chouteau County Health Department
Kohn, Colleen - Community Health Nurse, Custer County Health Department
McQuire, Shirley - Nursing Supervisor, Lewis and Clark City-County Health Department
Malstrom, Nolan - Nutrition, DHES

INTERVIEWS (Continued)

Miller, Russell - Health Planning and Resource Development Bureau, DHES
Montgomery, Ethel - Director of Field Nursing, Missoula City-County Health Department
Moon, Robert - Health Education, DHES
Musil, Mary - Nutrition, DHES
Nybo, Suzanne - Family Planning, DHES
Olufs, Dick - Assistant Professor of Public Administration, University of Montana
Pettit, Shari - Improved Pregnancy Outcome Project, DHES
Pratt, Dr. Sidney - Maternal and Child Health Bureau, DHES
Reagor, Jan - Director, Montana Surveys Interviews and Research
Siegler, Chris - Executive Director, Health Development Associates
Simmons, Colleen - Family Planning, DHES
Smith, Madonna - Community Health Nurse, Fergus County Health Department
Stonnell, Jacquelyn - Nursing Supervisor, Gallatin City-County Health Department
Sweeney, Fay - Nursing, DHES
Sylva, Yvonne - Maternal and Child Health, DHES
Thomas, David - Child Nutrition, DHES
Treml, Jan - Deputy Director, Yellowstone City-County Health Department
Ueland, Adeline - Community Health Nurse, Sheridan County Health Department
Wischman, Pauline - Community Health Nurse, McCone County Health Department
Wood, Mike - Missoula City-County Health Department

APPENDIX F: Gallatin County High Risk Registry Scoring System and Questionnaire

PATIENT'S NAME:_____ B.D:_____

ADDRESS:_____

DATE:_____ I.D.#:_____

RISK SCORING SYSTEM

PRENATAL FACTORS

	Score
I. CARDIOVASCULAR and RENAL	
1. Moderate toxemia	5
2. Severe toxemia	10
3. Chronic hypertension (diastolic > 100)	10
4. Moderate renal disease	5
5. Severe renal disease	10
6. Severe heart disease, Class II-IV	10
7. History of eclampsia	2
8. History of pyelitis	2
9. Class I heart disease (no activity restrictions)	5
10. Mild toxemia	2
11. Acute pyelonephritis	5
12. History of cystitis	1
13. Acute cystitis	1
14. History of toxemia	1
II. METABOLIC	
1. Diabetes, Class A-II	10
2. Previous endocrine ablation	10
3. Thyroid disease	5
4. Prediabetes (A-1)	5
5. Family history of diabetes	1
III. PREVIOUS HISTORIES	
1. Previous fetal exchange transfusion for Rh	10
2. Previous stillbirth	10
3. Post-term > 42 weeks	10
4. Previous premature infant	10
5. Previous neonatal death	10
6. Previous cesarean section	5
7. Habitual abortion	5
8. Infant > 10 pounds	5
9. Multiparity > 5	5
10. Epilepsy	5
11. Fetal anomalies	1
IV. ANATOMIC ABNORMALITIES	
1. Uterine malformation	1
2. Polyhydramnios	10
3. Small pelvis	5
V. MISCELLANEOUS	
1. Abnormal cervical cytology	1
2. Multiple pregnancy (twins)	5
3. Multiple pregnancy > twins	10
4. Sickle cell disease	10
5. Age ≥ 35 or < 15	5
6. Age ≥ 35 if amniocentesis negative	1
7. Viral disease (excluding common cold)	5
Rubella, Varicella, Cytomegalovirus, Hepatitis } with fever	
8. Rh sensitization only	5
9. Rh sensitization with bilirubin	10
10. Positive serology	10
11. Severe anemia < 9 gm. hgb	5
12. Excessive use of drugs	5
13. History of TB or positive Mantoux test ≥ 10 mm.	5
14. Weight < 100 or > 200 pounds	5
15. Pulmonary disease	5
16. Flu syndrome, severe	5
17. Vaginal spotting	5
18. Mild anemia 9-10.9 gm. hgb	1
19. Smoking ≥ 1 pack per day	5
20. Alcohol (moderate > 2-3 oz. per day)	5
21. Emotional problem	1
22. Hostile Patient	5

Cumulative Score:_____

☐ No information available prior to delivery.

INTRAPARTUM FACTORS

	Score
I. MATERNAL FACTORS	
1. Moderate toxemia	5
2. Severe toxemia	10
3. Hydramnios or oligohydramnios	5
4. Amnionitis	10
5. Uterine rupture (dependent on Apgar)	10
6. Mild toxemia	2
7. Premature rupture of membrane > 24 hours	10
8. Primary dysfunctional labor > 20 hours	5
9. Secondary arrest of dilation	5
10. Demerol > 300 mg. (dependent on Apgar)	5
11. $MgSO_4$ > 15 gm.	10
12. Labor > 20 hours	5
13. Second stage > 2½ hours	10
14. Clinical small pelvis (cephalopelvic disproportion)	1
15. Medical induction	1
16. Precipitous labor < 3 hours	2
17. Primary cesarean section	1
18. Repeat cesarean section	0
19. Elective induction	1
20. Prolonged latent phase (with dehydration)	5
21. Uterine tetany (dependent on duration)	5
22. Pitocin augmentation	1
II. PLACENTAL FACTORS	
1. Placenta previa (dependent on weight and Apgar)	10
2. Abruptio placentae	10
3. Post-term > 42 weeks (if accompanied by growth retardation or oligohydramnios)	10
4. Meconium stained amniotic fluid (dark)	10
5. Meconium stained amniotic fluid (light)	5
6. Marginal separation	1
III. FETAL FACTORS	
1. Abnormal presentation	10
2. Multiple pregnancy > twins	10
3 Twins	5
4. Fetal Bradycardia > 30 minutes	10
5. Breech delivery total extraction	10
6. Prolapsed cord	10
7. Fetal weight < 2500 grams	10
8. Fetal acidosis pH ≤ 7.25 (Stage I)	10
9. Fetal tachycardia > 30 minutes	10
10. Operative forceps or vacuum extraction	5
11. Breech delivery spontaneous or assisted	5
12. General anesthesia	5
13. Outlet forceps	1
14. Shoulder dystocia	5

Cumulative Score:_____

DIRECTIONS: Circle items that apply to this patient and total score in spaces provided. (Pull pink copy for Nursery chart and yellow copy for Gallatin County Health Department.)

For a cumulative prenatal or intrapartum score of 20-25 points, O.B. nurse is to check with attending physician regarding his interpretation of risk status and need for High Risk follow-up. Check appropriate square below.

☐ Yes, refer for High Risk follow-up.

☐ No, do not refer for High Risk follow-up.

Physician's Name:_____

NURSING CONCERNS/COMMENTS:

GCHD: #145
6/80

PATIENT'S NAME:_____ B.D:_____

ADDRESS:_____

DATE:_____ I.D.#:_____

RISK SCORING SYSTEM

NEONATAL FACTORS

	Score
I. GENERAL	
1. Prematurity < 2,000 grams	10
2. Apgar at 5 minutes < 5	10
3. Resuscitation at birth (bagged chest compression; IV or IM medications)	10
4. Fetal anomalies	10
5. Dysmaturity	5
6. Small for gestational age	10
7. Prematurity 2,000-2,500 grams	5
8. Apgar at 1 minute < 5	5
9. Feeding problem	1
10. Multiple birth	1
II. RESPIRATORY	
1. Respiratory Distress Syndrome	10
2. Meconium aspiration syndrome	10
3. Congenital pneumonia	10
4. Anomalies of respiratory system (define type)	10
5. Apnea	10
6. Transient tachypnea	5
III. METABOLIC DISORDERS	
1. Hypoglycemia	10
2. Hypocalcemia	10
3. Hypomagnesemia or hypermagnesemia	5
4. Hypoparathyroidism	5
5. Failure to gain weight	10
6. Jitteriness or hyperactivity with specific causes	1
IV. CARDIAC	
1. Major cardiac anomalies which require immediate cathererization	10
2. Congestive heart failure	10
3. Persistent cyanosis	5
4. Cardiac anomalies not requiring immediate catheterization	5
5. Murmur	5
V. HEMATOLOGIC PROBLEMS	
1. Hyperbilirubinemia (≥ 20)	10
2. Hemorrhagic diathesis	10
3. Chromosomal anomalies	10
4. Sepsis	10
5. Anemia	5
VI. CENTRAL NERVOUS SYSTEM	
1. Central nervous system depression > 24 hours	10
2. Seizures	10
3. Central nervous system depression < 24 hours	5
VII. OTHER	
1. Impaired mother/child interaction	10
2. Unwed single mother without support system	10
3. Home delivery, telephone call to family and M.D.	10

DIRECTIONS: Nursery N.D. and/or R.N. staff to circle items that apply to the infant. (Nursing staff to pull yellow copy for Gallatin County Health Department.)

A cumulative neonatal score of 10 is an automatic referral for High Risk follow-up.

Cumulative Score:_____

NURSING CONCERNS/COMMENTS:

HOSPITAL SURVEY OF THE NEWBORN INFANT

Date Completed _____

Obstetrician _____
(print name)

Pediatrician _____
(print name)

Infant's Name _____ B.D.: _____ Birth Weight: _____
First Middle Last

I.D. Number _____

Mother's Name _____ B.D. _____ Father's Name _____ B.D. _____

Marital Status S M W D Sep (Circle)

Children's Names _____ B.D. _____

_____ B.D. _____

_____ B.D. _____

_____ B.D. _____

Other Household Members _____ B.D. _____

Local Street Address _____ Telephone _____
(If no phone, give number where you can be reached)

_____

Education:
Mother _____ Father _____
8 12 12+ 8 12 12+
(circle last grade completed)

Section A. To be completed by mother.

		Yes	No
2a.	Did you take any prescription medication in the 18 months before this pregnancy?	_____	_____
	Please name below:		
	Birth Control Pills _____		
	Other _____		
2b.	Did you take any prescription medications during this pregnancy, for example: antibiotics, steroids, other?	_____	_____
	Please name: _____		
3.	Did you smoke during this pregnancy?	_____	_____
	If so, how many cigarettes per day? _____		
a.	Did anyone in your household smoke during this pregnancy?	_____	_____
	Who _____		
	How many cigarettes per day? _____		

4b. Does the baby's father smoke? Yes ____ No ____

How long has he been smoking? _____

How many cigarettes per day? _____

5. Have you, your children, your relatives or your husband's relatives had any of the following? Indicate relationship (father, mother, brother, sister, aunt, uncle).

CONDITION	Yes	No	RELATIONSHIP
Cancer			
Diabetes			
Kidney (renal) disease			
Thyroid disease			
Congenital birth defects			
Hypertension (diagnosed high blood pressure)			
Heart condition (diagnosed)			
Neuromuscular (cerebral palsy, muscular dystrophy, etc.)			
Epilepsy			
Mental retardation			
Endocrine disease			
Other			

6. Do you, your children, or any relative on either you or your husband's side of the family, presently have or have previously had a hearing loss?

RELATIVE	Yes	No	AGE OF OCCURRENCE	PRESENT AGE	HOW TREATED
a. Father	___	___	_____	_____	_____
b. Mother	___	___	_____	_____	_____
c. Grandparent	___	___	_____	_____	_____
d. Other	___	___	_____	_____	_____

e. Do you have any reason to think your baby may develop a hearing loss?

Explain _____

7. Have you had any blood transfusions before this pregnancy? ____Yes ____No

If yes, when? _____

8a. Did you have any x-ray and/or radio-isotope treatments in the 18 months before your pregnancy? ____Yes ____No

Describe _____

8b. Did you have any x-ray and/or radio-isotope exposure (for example, chest, abdominal) during this pregnancy? ____Yes ____No

Describe _____

9. Did you have any immunizations in the four months before this pregnancy? ____Yes ____No

Describe _____

10. Did you or the baby's father take any of the following in the 18 months preceding this pregnancy? ___Yes ___No

    Drugs (Example: Narcotics, amphetamines, barbiturates, marijuana, other hallucinogens, LSD, cocaine)

    Name _____

11. Did you take any of the following during this pregnancy?

    a. Alcohol (Describe amount and frequency consumed, i.e. one 6 oz. glass of wine daily) _____ ___Yes ___No

    b. Drugs. Describe _____ ___Yes ___No

    c. Caffine (i.e. coffee, coke, chocolate) ___Yes ___No

12a. Have you ever habitually used drugs or alcohol? ___Yes ___No

12b. Did you ever get drunk during this pregnancy? ___Yes ___No

13a. Have you ever had syphilis or gonorrhea? (Circle which one (s). ___Yes ___No

    When _____

    Was it treated? _____

13b. Has the baby's father ever had syphilis or gonorrhea? (Circle which one (s). ___Yes ___No

    Was it treated? _____

14. How many times have you been pregnant? _____

15. Are you Rh negative? ___Yes ___No

    a. If yes, have you ever received RhoGam? ___Yes ___No

    b. Have you had any children with an Rh problem that needed special treatment? ___Yes ___No

    Please explain _____

16. Have you ever had a) miscarriage? Date _____ ___Yes ___No

    b) stillbirth? Date _____ ___Yes ___No

    c) abortion? Date _____ ___Yes ___No

    d) baby that died shortly after birth? Date _____ ___Yes ___No

    e) death of a child? Date _____ ___Yes ___No

    f) child born prematurely? (before 37 weeks, term = 40 weeks) Date _____ ___Yes ___No

    g) child born postmaturely? (after 42 weeks, term = 40 weeks) Date _____ ___Yes ___No

17. Have you had twins, triplets, etc.? ___Yes ___No

    If yes, when were they born? _____

18. Is there a blood relationship between you and the baby's father? For example, first cousins. ___Yes ___No

19. Was there any vaginal bleeding during this pregnancy? ___Yes ___No

Explain _____

	Small Amount	Moderate Amount	Large Amount
First 3 months	___	___	___
Second 3 months	___	___	___
Third 3 months	___	___	___

20. Did you have a viral infection during your pregnancy? ___Yes ___No

Explain _____

First 3 months ___Yes ___No

Second 3 months ___Yes ___No

Third 3 months ___Yes ___No

Circle those infections you had during this pregnancy.

Rubella (German 3-day measles)
Chicken Pox
Red Measles (Rubeola)
Herpes Genitalia
Cytomegalovirus

21a. Has your rubella (German measles) immunization status been confirmed through a blood titer test? ___Yes ___No

21b. Were you exposed to German measles during this pregnancy? ___Yes ___No

21c. Did you have an undiagnosed rash during this pregnancy? ___Yes ___No

22. Did you have a vaginal infection during this pregnancy? ___Yes ___No

When? _____

Was it treated? _____

23. Did you have a urinary tract infection during this pregnancy? ___Yes ___No

When? First 3 months ___Yes ___No

Second 3 months ___Yes ___No

Third 3 months ___Yes ___No

Was it treated? _____

24. Was your blood pressure high during this pregnancy? ___Yes ___No

When? First 3 months ___Yes ___No

Second 3 months ___Yes ___No

Third 3 months ___Yes ___No

Was it treated? _____

25. Did you take any education for parenthood or LaMaze classes? ___Yes ___No

26. Did you run an elevated temperature during pregnancy? ___Yes ___No

How high? _____

First 3 months ___Yes ___No

Second 3 months ___Yes ___No

Third 3 months ___Yes ___No

27. During this pregnancy, did you have any of the following medical surgical problems, accidents, or illnesses? ___Yes ___No

Please circle as applicable.

a. excessive vomiting
b. thrombophlebitis (blood clots)
c. cardiopulmonary problems (i.e. heart problems, asthma attacks, pneumonia, active T.B.)
d. other medical problems (i.e. hepatitis, anemia
e. surgeries
f. accidents (Describe) _____

_____

28. How many pounds did you (a) gain _____ or (b) lose _____ during your pregnancy?

29. Was this pregnancy planned? ___Yes ___No

30a. Were you under unusual emotional stress during the pregnancy? ___Yes ___No

Explain _____

30b. Were you under financial distress during this pregnancy? ___Yes ___No

Explain _____

31. Was this a difficult pregnancy for you? ___Yes ___No

32. Was this a difficult labor and delivery for you? ___Yes ___No

33. Do you have anyone to assist you when you take your baby home? ___Yes ___No

How many children are you caring for at home? _____

Explain _____

Thank you for your cooperation in completing this form.

RELEASE OF INFORMATION

In the interest of improved maternal and infant care, I voluntarily give permission for release of any and all information contained in my prenatal, labor, delivery, postpartum, newborn records and information contained in this form, Survey of the Newborn Infant, to the following:

Attending physician
Gallatin County Health Department
Bozeman Deaconess Hospital
Montana Easter Seal Society

_____ _____

Signature Date

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